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ORIGINAL LECTURES.

THE PATHOLOGY, DIAGNOSIS, PROGNOSIS, AND TREATMENT OF ECLAMPSIA.

*Abstract of a Clinical Lecture delivered at the Obstetric Clinic of
the Vienna General Hospital on May 20, 1882.*

BY PROF. CARL BRAUN.

(Reported specially for THE MEDICAL NEWS.)

A young woman sixteen years old was recently exhibited to the class, whose labor-pain had scarcely begun, whose temperature was remarkably low, 36.3° C., but who was suddenly seized with eclampsia. Chemical examination of the urine demonstrated the presence of albumen in a high degree. Immediately after the seizure a subcutaneous injection of morphia was given. Within an hour, however, a second seizure occurred; the forceps were immediately applied, and a healthy child of 3000 grammes was extracted. Within the next two hours the patient was given 5 grammes chloral-hydrate in form of clysters. The first attack lasted from 5 o'clock A. M. until 11 o'clock P. M. Next day there followed severe attacks. The patient presented a moribund appearance; lay in profound stupor; respiration was impeded by the high degree of oedema of the lungs; pulse very frequent and intermittent. The temperature, however, remained normal; and, in consequence of this circumstance continuing, a diagnosis of impending death could not be positively made.

In view of the deep stupor of the patient, the exhibition of chloral-hydrate was stopped, and ether injections substituted. According to the rule, in eclampsia albumen appears first in the urine; afterwards the convulsions follow. The cases wherein eclampsia is not bound up with albuminuria are only exceptionally observed, and the coincidence of eclampsia with acute Bright's disease is an indisputable fact. Others have gone further in the comprehension of this dangerous disease of pregnancy, and have affirmed that eclampsia is the symptom, the effect, of Bright's disease. Women seized with eclampsia, and whose urine contains no albumen, generally have *amyloid degeneration* of the kidneys. Prof. Braun distinguishes these cases as being particularly dangerous, saying: "I have observed cases in which the labia during pregnancy presented tumors the size of my fist, and whose urine was perfectly free from albumen. Some weeks later eclampsia set in, which led to death without a trace of albumen appearing in the urine. At the autopsy, however, *amyloid degeneration* of the kidneys and muscular substance of the heart was always demonstrable." Spiegelberg's researches have demonstrated the fact that eclampsia is caused by uræmic intoxication, which, in turn, is caused by the insufficient secretory power of the kidneys. Prof. Ludwig, however, has never succeeded in obtaining carbonate of ammonium, which should be excreted through the kidneys, in the blood of eclamptic women. The cause of the albuminuria itself is possibly a *blood stasis* in the kidneys, caused by pressure of the uterus upon the renal veins. Upon this account Prof. C. Braun advises, in pregnant women, to empty the uterus as rapidly as possible. To this end labor-pains can be summoned by rupture of the membranes of the egg. The continuance of labor-pains is viewed as a moment favoring recovery. Occasionally existing diseases of the kidneys can produce albuminuria, with its dreaded consequences—diseases which, upon

the one hand, may be so slow and insidious that neither patient nor physician suspects their presence, and, upon the other hand, may act so rapidly that their effects are apparent in twenty-four hours. It is, therefore, always necessary to be on one's guard and diligently examine the urine. As regards *prognosis*, one-half of the women seized with eclampsia, as a rule, die. Prof. Braun's statistics are, 25 per cent. die, 75 per cent. recover.

Rapid heart action exercises an unfavorable influence upon the course of the disease and clouds the prognosis, since acute fatty degeneration and paralysis of the cardiac muscle may occur. The appearance of high skin temperatures, and the addition of dyspnoea through oedema of the lungs, signify likewise an unfavorable turn. Death follows in such cases, either through acute asphyxia in consequence of respiratory tetanus, or in coma in consequence of exhaustion of the nervous system. The life of the fetus is imperilled only so long as it remains within the uterus, and is nourished by the maternal uræmic blood. Heredity in eclampsia up to the present time is in no degree established.

In eclamptic cadavers, anæmia of the brain, lung, and cerebral oedema, *particularly remarkable alterations in the kidneys* are almost without exception found. The kidneys may be hyperæmic, may have undergone fatty degeneration, or may be atrophied; a swelling of the Malpighian bodies will always be observed; the pyramids dark brown; the urinary tubules bright yellow, and when the capsule is detached, dendritic bloodvessels are seen dispersed in the parenchyma of the kidneys.

The patient, forming the text of Prof. Braun's remarks, was immersed up to the neck in a bath of hot water, 36° C., in order to lessen the existing oedema of the lungs. After twenty-five minutes' stay in the bath, she was warmly covered up, in order to hasten an excretory sweat. *Pilocarpin* is no longer employed in this clinic, as satisfactory experiences have not been obtained with it. *Pilocarpin* is, indeed, a good diaphoretic, but it has the disagreeable quality that, in its first action, it causes a lung oedema, which may itself directly endanger the life of the patient. *Pilocarpin* also has less influence in increasing activity of labor-pains than a warm bath. *Venesection* also is not permitted in Prof. Braun's clinic. He says he does not consider cerebral oedema or hydræmia to be indications for blood-letting; moreover, if the patient does not die from the direct effect of the bleeding, this procedure has had nothing to do with her recovery.

The young patient had, in all, ten severe attacks, which, after the administration of the bromide of potassium stopped (whether or not in consequence, is doubtful), lay in profound stupor two days and two nights, as no other being in the clinic had done, and died after she had given a remarkable exhibition of a strong constitution. At the autopsy the usual lesions of eclampsia were found—intense oedema of the brain and lungs, fatty metamorphosis of the kidneys. What was especially interesting, however, and what is of great importance in the etiology of this disease, was the condition of the ureters. *The abdominal aorta divided itself into its two terminal branches much higher than usual, and in their course over the common iliac arteries both ureters were "kinked" to the occlusion of their lumen.* Both ureters below

his point, at which they were bent, were about the size of a quill. Above this point the right ureter was the size of the little finger, the left one the size of the thumb. The walls of the tubes above the angle of flexion were very much thinned out. Prof. Kundrat, who conducted the autopsy, had recently opportunity to observe a similar case. The case itself offered the most palpable demonstration that urinary stasis was the cause of the Bright's disease, and all the consequent evils.

ORIGINAL ARTICLES.

THE ADVANTAGES OF THE ANTISEPTICALLY MOIST SPONGE DRESSING.

BY GEORGE MCCLELLAN, M.D.,

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THE management of wounds has always occasioned much careful consideration among surgeons, and there are various methods, all of which have many zealous followers. To the unprejudiced mind, that plan would seem to be the best which equally meets the requirements of grave or simple cases, and is easily obtainable. I claim that this is true of the sponge dressing. Of those methods in common use, statistics hardly prove that one form is more surely successful than the others. There are objections to all, and I do not venture to assume that objections may not be found to that which I am about to advocate, but the very satisfactory results which I have had from the use of sponge as a surgical dressing, both in hospital and private practice, leads me to suggest its more common adoption in this country. The advantages of a sponge are: *first*, its simplicity of application; *second*, its certainty of effect, owing to its natural qualities and receptive capacity; and, *third*, its efficiency as a compress.

The first recommendation will be shown when I describe the manner in which sponge should be applied.

Although the manner of treating wounds as advanced by Lister, founded on the germ theory, has not met with general acceptance, it cannot be disputed that one drop of pus retained in a wound will occasion rapid proliferation of other pus cells; and, therefore, most practical surgeons resort to the use of some measure for the purpose of preventing the formation of unhealthy discharges in a wound, or, if they cannot be avoided, for their proper removal as fast as they collect. For this purpose different forms of drainage tubes, strands of thread or horsehair, have been employed, but none have given entire satisfaction. The peculiar inherent property of suction which the animal texture of sponge exerts, when moistened, affords the best means of drainage, and experience with this dressing leads me to believe that, if properly applied, it renders a drainage tube entirely unnecessary. This in itself is a great advantage, as a drainage tube has only too often been found to act as a foreign body, and to produce that which it was used to prevent. In several instances in my first trial of this dressing, the only point of a wound which was found ununited on the removal of a sponge, which had necessarily been retained many days, was the space occupied by

the drainage tube. Only a sponge can do two things at once, *drive fluids to the surface, and take them away at the same time*. Its being kept constantly moistened, is of course the condition upon which both these valuable qualities depend. It admits, therefore, of the best means of employing a disinfecting solution. Various agents have been tried with a view to preventing unhealthy action, and none has seemed to answer all the requirements as well as carbolic acid, which, from its ready solubility in water, can be used in any desired strength.

The efficacy of sponge as a compress should not be underrated, as it is very generally recognized that gentle, uniform, and quiet compression discourages inflammation, and that pain is diminished by proper adjustment and rest. There are few means so admirably adapted to these ends as a sponge properly applied over a wound. The elasticity of a sponge when moistened admits of equal and diffused uniformity of pressure, so that it will maintain thorough coaptation of the superficial structures at the same time that it brings the deep parts in easy and close contact, thereby favoring union by the first intention.

In selecting a sponge, it should be soft, and large enough to cover in the wound completely. (In cases of large breaches of surface, two sponges will answer.) It should be trimmed so as to fit over the parts nicely, and moistened with a carbolic solution (1-30). It should be applied directly to the surface, over the sutures, and retained by adhesive strips or a roller, which can be adjusted so as to exert any amount of pressure. Its absorbent properties depend upon its being kept moist, and for this purpose holes should be cut in the strips of plaster to give free access to liquids. A few drops of a weak solution of carbolic acid should be poured into the openings every few hours—enough to keep it moist, but never to saturate, as in that case its efficiency would be greatly impeded. If it is desirable to keep the parts perfectly undisturbed, the sponge may be left many days, but I generally prefer removing it daily. With this in view, I always provide myself with two similar sponges, so that one may be kept constantly soaking in the fluid whilst the other is in use. When a sponge is removed it will be found to contain whatever discharges may have occurred from the wound, and it should be thoroughly washed out in boiling water and cleaned, and then put in the solution.

In illustration of this method of dressing wounds, I will venture to record several cases which may seem of interest:

CASE I.—On the 15th of June, 1881, I amputated, by the flap method, the thigh of a woman at the Philadelphia Hospital. As soon as the vessels were ligated, and the hemorrhage stopped, I united the flaps with deep silver wire sutures, and applied a large sponge, prepared as I have described, immediately to the surface of the wound, completely embracing the stump. Several broad strips of adhesive plaster were used to retain the sponge in place, and so as to exert gentle and uniform pressure. The dressing was removed and reapplied daily. At the first change, a very small quantity of the usual sanguous exudations was found in the sponge, and the discharge diminished with every

dressing. The temperature reached 100° on the second night, but afterwards remained normal throughout. In two weeks from the date of operation the wound had healed, except immediately over the bone, which showed a tendency to protrude, owing to muscular and tegumentary retraction, and I decided to remove it an inch higher up. In spite of this drawback, on the twenty-first day, when the ligature from the femoral artery came away, the second wound had healed, and the patient was allowed to get up and go about on crutches.

CASE II.—On June 7, 1881, I operated for strangulated hernia on a private patient, Mrs. L. The protrusion was in the right inguinal region, very small, and the intestine intensely livid. The sac was opened; one ligature was required. The wound was united, and the sponge dressing was employed with a spica bandage, through which openings were made to receive the antiseptic fluid. On the fifth day the wound was entirely healed and a truss adjusted, so that the patient was able to leave her bed.

CASE III.—On the same day, June 7, I operated on a case of strangulated inguinal hernia, in a man at the Philadelphia Hospital. The patient had been in the medical wards suffering with pneumonia, from which he was recovering when the accident occurred. There were a great number of adhesions, and the hernial sac had to be opened before the bowel could be restored to the abdomen. Several branches of the superficial vessels required ligature. The sponge dressing was applied in the same manner as for the other patient. The wound progressed very favorably, but the exposure at the time of the operation brought on a return of the pulmonary trouble, from which the patient died on the third day. The autopsy revealed no peritonitis.

CASE IV.—I removed the thumb and its metacarpal bone for L. D., on May 22, 1881, in consequence of a felon. The sponge treatment produced immediate union, which was completed on the fifth day after the amputation.

CASE V.—A case of compound skull-fracture (the notes of which appeared in the January number of the *Medical Bulletin*) was also treated locally with the sponge dressing, which served to drain all the discharges and hemorrhage from the wound, and prevented their accumulation, which might have occasioned compression, etc.

I could instance numerous other cases, but have only selected these, trusting that they may in some measure serve to induce others to make trial of what I believe to be a useful contribution to practical surgery.

The idea of employing sponge in this manner first occurred to me in the spring of 1879, when, after reading the "Lectures upon the Treatment of Wounds," by Sampson Gamgee, I was making trial of *infrequent dressing*, which he strongly advocated. I found that by using oakum or cotton, with compression uniformly and steadily exerted over wounds, union by first intention was remarkably rapid and almost always certain. In one case, in which I removed the right breast for a large scirrhouus tumor, the dressing was retained a week without disturbance, and the wound was found united on its removal.

In this case I used sponges which had been soaked in a carbolic solution, and afterwards thoroughly squeezed out, for the purpose of mopping out the wound, acting on the principle laid down by Mr.

Gamgee, that unnecessary fluid in contact with the surfaces would be likely to occasion suppuration. Although I was very fortunate in the results of the method of leaving the dressings undisturbed, and judging of the progress of the wound towards healing by the pulse and temperature, I felt uneasy lest I should sometimes find a pent-up collection of discharges, knowing the value of drainage. This led me to think of substituting sponge for the oakum or absorbent cotton, and I found it to act most satisfactorily. I have since learned from the "Surgical Enquiries" of Mr. Furneaux Jordan, of London, that he had been using it previous to my independent experiments.

As the first to apply sponge as a dressing, I fully accord to Mr. Jordan, therefore, the credit of its originality, and I have further to thank him for much which has been of service to me in completing my observations.

Its simplicity of application has led me to abandon the plan of keeping the dressing on longer than twenty-four hours, except in cases where steady pressure is the main requisite, as in clean-cut wounds, without the possibility of the inclusion of a foreign substance.

In the *Lancet*, of October 15, 1881, Mr. James Hardie has a paper "On the Use of Spodge Pressure as a Surgical Dressing," in which he shows how admirably adapted this dressing is for avoiding the accumulation of inflammatory products within the cellular interspaces of connective tissue, by exercising sustained pressure upon the adjusted surfaces of a wound. But Mr. Hardie merely alludes to the absorptive property of sponge, which I have endeavored to show is really one of its most valuable features, and, although equally alive to the disadvantages of drainage-tubes, does not seem to consider that by keeping a sponge moist it will act as a substitute. He appears to rely mainly upon its elasticity and compressibility. He speaks of employing antiseptic measures throughout its application, and of numerous outer coverings, so that his method of using sponge is really but another form of Listerism, with the addition of the element of pressure. It is singular that he, too, seems to have been ignorant of the writings of Mr. Jordan, and it is all the more so, seeing that he is one of his own countrymen, to whom the profession owes so much for original and progressive thought.

It will be readily understood from the above account that sponge is equally suited for the treatment of open or closed wounds, and, therefore, is capable of fulfilling every requisite as a surgical dressing. I may add that I have employed the method of sponge pressure very extensively in cases of carbuncle and abscess, in place of poultices, and have, with the addition of counter-irritation, had invariable success in rapidly draining out the slough or collection of pus, and in producing healing by gentle and steady pressure, without pain or annoyance.

ON THE TREATMENT OF TYPICAL PNEUMONIA WITH SALICYLATE OF SODIUM AND FRESH LEMON JUICE.

BY THOMAS H. BUCKLER, M.D.,
OF PARIS, FRANCE.

WITH regard to typical cases of ordinary pneumonia having no apparent relation to, connection with, or dependence on, rheumatism, it has always been a puzzle with me to know why, in a given number of cases, say sixteen, five recover in four or five days, five others in eight or nine days, and five more in twelve or thirteen days, while in the sixteenth case the engorgement persists until dispersed perhaps by a critical discharge of pus, hemorrhage, or the deposit and softening of tubercles. Why the marked chronological difference in cases to all appearance alike and perhaps typical?

May not the answer be, that the difference in duration depends on the extent to which the fibrous structures entering into the composition of the terminal air tubes are involved in rheumatic or erythysmal inflammation?

This subject pursued inductively from the first, seems likely to culminate in a doctrine of great simplicity, which is that all pneumonia, unless rheumatic, intercurrent with phthisis, or clearly dependent on intermittent or remittent fever the patient has had the previous winter, autumn, or spring, is distinctly and essentially rheumatism. This point once established, would save the trouble of going into nice questions of differential diagnoses, since it will teach that all pneumonias from exposure to cold will have to be treated as and for rheumatism only. This would be medicine, or rather diagnosis, made easy, at least so far as the treatment of pneumonia is concerned.

Guided by this interrogatory theory, I last winter, during the influenza season, prescribed salicylate of sodium in doses of 15 grains every six hours, to a young servant man who presented the following signs and symptoms: a flushed face, pulse 128, respiration 32, rust-colored sputa, the pneumonia cough, and over the lower third of left lung tubal respiration, bronchophony, and dulness on percussion. Five days having elapsed, he came to know if he might stop the salicylate, and to say he was perfectly well, as he seemed so far as I could judge.

The only other case was that of a woman, aged about 50, who presented a perfectly typical case of engorgement in the first stage running into the second, in the middle lobe of the right lung. Ordered salicylate of sodium in doses of 15 grains every six hours. The following day she had all the signs of red engorgement. The dispersive salt seeming not to have taken its usual hold, the urine was examined and found invaded with the triple phosphates of soda, magnesia, and lime, to dissolve which lemonade was ordered to be given daily as an adjuvant to the leading remedy. At the end of four more days the engorgement had entirely cleared up.

These two cases are very good signboards to point out the way, and it appears to me they show that salicylate of sodium and lemon juice, given ac-

cording to the indications herein specified, demand at the hands of clinical observers careful and thorough trial.

HOSPITAL NOTES.

VIENNA GENERAL HOSPITAL.

(Service of PROF. CARL BRAUN.)

MEASUREMENT OF PELVIC DIAMETERS.

(Specially reported for THE MEDICAL NEWS.)

It often becomes necessary for the practising physician to decide whether or not a young woman can safely marry. To make a correct reply to the question, an examination, naturally, is required. It is always well, however, to avoid an internal examination, as the hymen can be very easily injured by this procedure, and most Austrian husbands lay great weight upon the intact condition of this membrane. It is much better to direct attention to external examination of the pelvis, and from such data deduce the dimensions of the pelvic cavity.

This method, originally introduced by Bagrau, Prof. Carl Braun caused to be illustrated upon the person of a woman with a pelvis narrowed in every diameter.

The circumference of the pelvis is obtained by applying a tape measure to the symphysis and spine of the last lumbar vertebra. The case examined measured 75 cm.

The average, normal circumference of the pelvis, according to Stein, is 90 cm. (34 inches) and the conjugate diameter 11 cm. *For every diminution of 5 cm. from this normal circumference, a diminution of 1 cm. from the conjugate diameter must be allowed.* This rule is purely empirical. For example:

A pelvic circumference of 90 cm. signifies a conjugate diameter of 11 cm.

A pelvic circumference of 85 cm. signifies a conjugate diameter of 10 cm.

A pelvic circumference of 80 cm. signifies a conjugate diameter of 9 cm.

A pelvic circumference of 75 cm. signifies a conjugate diameter of 8 cm.

Small differences from the normal measurement have, of course, no significance when, ex. gr., upon the one hand, a very thin abdomen, and, on the other a rich development of the panniculus adiposus influences the results. Luxations of the femur can lead to false measurements, and must be carefully noticed.

Baudelocque's calipers give the remaining necessary factors. In the case examined, the distance between the spin. os. il. ant. sup. 22 cm. (instead of the normal, 25 cm.); between crist. os. il. 26 cm. (instead of the normal, 28 cm.); troch. 30 cm., conjug. diagon. 10 cm., conjugata vera 8.5 cm.

The distances between the spin. os. il. ant. sup. and crist. os. il., are thus seen to differ by 4 cm., and since the differences between these distances in a normal pelvis are between 3 and 4 cm., one is justified in designating this pelvis, under examination, a generally equally normal pelvis.

Although these methods of pelvic measurement are very simple, yet they constitute the important basis upon which all surgical operative procedures must be founded.

From facts deduced in this manner, the well-being of two individuals simultaneously depends.

MEDICAL PROGRESS.

SEQUEL TO A SUCCESSFUL CASE OF NEPHRECTOMY.—At a meeting of the Obstetrical Society of New York,

DR. T. G. THOMAS narrated the further history of a case reported in the MEDICAL NEWS for January 7th, in which he had removed the kidney. Symptoms of commencing Bright's disease began to develop; within six weeks the urine became albuminous and contained casts, but was normal in quantity. Slight edema was present under the eyes, as in scarlatinal nephritis. He had at first feared that the other kidney would become diseased and cause death, but after two or three weeks the urine cleared, the albumen and casts disappeared, and the patient had left the hospital cured. Dr. Thomas thought the case elucidated the views promulgated by Dr. Johnson, about twenty-five years ago, who thought that a great many cases of Bright's disease were due to excessive work demanded from the kidneys, as when the skin failed to act properly or during the presence of some poisonous element in the blood. In the present case, one of the kidneys being removed, the other had suddenly to perform double work, became congested, the tubules shed their epithelium, and the other symptoms mentioned began to appear.—*Amer. Journ. of Obstetrics*, June, 1882.

QUINIA IN SMALL-POX.—DR. VECTOMOFF (*Vrach. Vedom.*, No. 10, 1882), following Dr. Stiener's recommendation, administered to seven patients with small-pox (in the initial stage) quinine in doses of 12 to 120 centigrammes, and reports on the results of this plan as follows: 1. All the patients treated by quinine presented relatively slight eruption, while almost all other patients, intentionally left without quinine, were covered with confluent pustules. 2. All the patients treated by quinine recovered, while the mortality in all the other cases during the epidemic given was as high as 20 to 30 per cent. 3. All the cases treated with quinine were quite free from any complications, while almost all those treated otherwise were gravely complicated. 4. In the quinine cases the suppurative fever was slight, or was absent altogether. The author recommends a fair trial of this simple plan of treatment.—*London Med. Record*, May 15, 1882.

TREATMENT OF WHOOPING-COUGH BY THE BENZOATE OF SODA.—DR. FORDEUS writes, in the *Journ. de Méd. de Bruxelles*, that he has employed the benzoate of soda with remarkable success in four cases of whooping-cough. The formula he uses is—benzoate of soda, 5 grammes; mint water, distilled water, each 40 grammes; syrup of orange peel, 10 grammes. Teaspoonful every hour.—*Journ. de Méd. de Paris*, April 22, 1882.

CASE OF CURED SPINA BIFIDA.—At the meeting of the Clinical Society of London, held April 28, MR. PEARCE GOULD read notes of a case of cured spina bifida, which was shown at a previous meeting of the Society. The child was six months of age when placed under his care, and was a very healthy, well-developed boy. A tumor was situated over the lumbar spines, about the size and shape of a tomato, covered with healthy skin, sessile, fluctuating, and translucent. The tumor became very tense when the child cried, and pressure on it caused fulness of the anterior fontanelle. No paralysis or talipes. The tumor had been steadily increasing in size since birth. Mr. Gould drew off about an ounce of the contained fluid, and injected a drachm of Morton's iodo-glycerine solution. As no effect was produced, in a week's time, he repeated the operation, this time injecting a drachm and a half of the solution. No bad symptoms occurred, and the tumor became solid and shrank, until it remained as a puckered fold of skin only. The fluid removed was analyzed by Dr. Dupré, who failed to find even a trace of sugar in it,

showing that it was arachnoid, and not subarachnoid fluid, and Mr. Gould pointed out that this was the most favorable variety for radical treatment. By experiment he found that the iodo-glycerine solution did not really mix with the fluid, but when poured into it sank to the bottom, thus confirming Dr. Morton's theory.

MR. PARKER thought that from the healthy skin over the tumor and the absence of all complications, the case was one likely to have been successful. He treated a case in the same way about five years ago, and at the present time the tumor had almost shrunk up; but hydrocephalus had developed, and a tendency to talipes valgus had been noticed. He had injected Dr. Morton's solution in another case that day. He had also been called upon to treat a case in which the sac had been boldly slit up; and in cases with very thin sacs, he thought such an operation, with antiseptic precautions, might offer the best chance.

PROF. LISTER said the case was a very favorable one for such treatment, and it was useful to have another proof of its value. He thought it the best treatment at present known. He had himself attempted the treatment of spina bifida by antiseptic drainage; at first with a small drainage-tube, and the result was disastrous, evidently from the free flow of the cerebro-spinal fluid. He, therefore, used a drain of only two horse-hairs, but even the flow so caused proved fatal, and the child sank from inflammation from loss of support to the brain. He, therefore, thought that antiseptic drainage or incision did not offer a prospect of success.

MR. PEARCE GOULD, in reply, referred to three other cases under his care, in which he had carried out the same treatment. In one the child died after the second injection from suppurative spinal meningitis; a second was lost sight of; in a third the sac consolidated, but the child died of concurrent hydrocephalus. This latter child was profusely salivated the day after the injection, probably from the absorption of iodine. In a case under Mr. MacNamara's care, in which the sac was exceedingly thin, success had been obtained by the repeated injection of the same solution. At the first operation the child almost died from the effects of loss of the cerebro-spinal fluid.

PROF. LISTER said that Dr. Morton had pointed out this danger, and that latterly he had recommended that no fluid should be withdrawn.—*Lancet*, May 6, 1882.

THE RELATIONS OF ASTHMA TO NASAL POLYPI.—DR. JOAL draws the following conclusions from a careful study of this subject:

Mucous nasal polypi often occasion dyspnœa of asthmatic character, which is most often observed in arthritic subjects. It is generally explained as a reflex irritation, starting from the nasal mucous membrane and implicating the branches of the pneumogastric distributed to the pharyngeal and bronchial mucous membrane. Asthma may also be developed by catarrhal and emphysematous lesions attributable to nasal polypi. The asthma will generally disappear when the polypi are removed.—*Arch. Gén. de Méd.*, May, 1882.

GENERALIZED VACCINE ERUPTION.—DR. GUÉNIOT detailed to the Académie de Médecine (*Union Méd.*, May 18, 1882) the following interesting case: He practised six vaccine punctures on an infant five months old, the subject of an eczema then in a state of retrogression. On the fourth day there appeared over the papulae, which had become visible at each puncture, large, well-developed vesicles, resembling those of the sixth or seventh day, and furnishing very abundant vaccinal lymph. On the seventh day there appeared on the shoulders, arms, and chest a multitude of small papulae, which next day were translated into as many vesicles. By the next day there were at least

300 well-developed vaccinal pustules. The infant had fever, irritation, and sleeplessness to a degree that was somewhat alarming; but by the fourteenth day there was general desiccation, and on the seventeenth the child was convalescent. Dr. Guéniot, believing that the excoriations of the skin from the eczema, by multiplying the means of absorbing the virus, might have been one cause of this "pululation," asked whether, in children suffering from eczema, vaccination should be deferred. He replied negatively, believing it preferable to expose an infant to the chance of this rare occurrence, than to taking so serious a disease as small-pox. But he is of opinion that two punctures instead of six should be practised, one on each leg. Prof. Blot, however, was of opinion that, unless an epidemic of small-pox was prevailing, it would be better to defer vaccinating infants who are the subjects of eczema or impetigo. There are, indeed, several cases similar to that of Dr. Guéniot on record. M. Hervieux also referred to several cases that have been published, in which a more or less confluent vaccinal general eruption occurred in eczematous children. Still, it is rare, for in 15,101 vaccinations he had practised for the Academy he had never met with an instance, although many of the infants were eczematous; and he thinks that vaccination should not be postponed on this account. Dr. Guéniot observed, in reply, that the very fact of these generalized vaccinations occurring was an argument in favor of great susceptibility to the contagion of small-pox, and a strong reason for not delaying vaccination.—*Med. Times and Gaz.*, May 27, 1882.

EXTIRPATION OF THE FETAL SAC IN A CASE OF TUBAL PREGNANCY.—In January, 1880, LITZMANN (*Arch. f. Gynäkol.*, XIX., 1, 1882) performed laparotomy in order to remove a dead fetus, in a case of tubal pregnancy. The fetal sac was united to the abdominal wound, and drainage established. The patient finally recovered, but returned to the hospital a year later, on account of large ventral hernia. To cure this, a radical operation was performed by excising the hernial sac, and carefully closing the wound by sutures. The operation was a success.

On examining the specimen, it was found to contain what was left of the fetal sac, which had developed in the right tube.

It being an established fact that, not only in abdominal, but also in tubal or ovarian, pregnancy, the woman might go to full term, before undertaking any operation, we should try to ascertain with what variety we have to deal.

In case of abdominal pregnancy, there is little to be hoped from laparotomy; for it is impossible either to extirpate the fetal sac or to remove the placenta without jeopardizing the mother's life—the more so, because decomposition of the liquor amnii frequently compels us to operate before placental circulation has ceased.

In case of tubal or ovarian pregnancy, it makes a great difference whether the development of the ovum was intra-ligamentous or whether it is pediculated.

If it was intra-ligamentous, it will also be impossible to extirpate the whole sac; yet we shall succeed in safely removing the placenta after placental circulation has stopped. Therefore, we might defer an operation until we are satisfied that this event has occurred. The thickness of the walls of the fetal sac in tubal and ovarian pregnancy prevents decomposition of its contents, so that we do not risk anything by deferring the operation as long as necessary.

The most favorable cases for operation are such where the fetal sac is more or less pediculated. If the attachments are not too extensive, we might remove the whole sac. If there is no doubt left as to the correctness of the diagnosis, we might even operate at

term, thus saving the child, and reducing the dangers to the mother to those incident to ovariotomy.—*Amer. Journ. of Obstetrics*, June, 1882.

EXTIRPATION OF THE ENTIRE WOMB.—Extirpation of the uterus by laparotomy (Freund) has of late been superseded by that from the vagina. R. HAIDLEN (*Arch. f. Gynäkol.*, XIX., 1, 1882), reports seven new cases of vaginal extirpation—four recovered, three died. The operation was done five times for cancer (three deaths, two recoveries), once for procidentia, once for retroversion, etc. The following is the history of this remarkable case: Nullipara, at 47. Twenty-one months previously a pediculated fibroid, as large as a middle-sized apple, had been successfully removed from the anterior lip. Uterus badly retroflected and firmly attached in Douglas' pouch. In order to better expose the field of operation and make room for the downward traction of the cervix, the perineal body was slit three centimetres deep backward. In separating the uterus from the rectum, the latter was accidentally opened. However, the patient did well; the recto-vaginal fistula closing of itself. Most of the symptoms incident to the flexion of the womb had disappeared.

He gives a synopsis of fifty-two cases of extirpation of the uterus through the vagina. Of these, eighteen (equals thirty-four per cent) died of causes incident to the operation (mostly septicæmia, once hemorrhage). The bladder was opened twice, the carcinoma having invaded its walls. The ureters were never injured.

H. is not very sanguine as to the final results of the radical operation in case of cancer. Indeed, in most of the "cured" cases, the recurrence of the morbid growth manifested itself in from six to twelve weeks. One case only which H. relates continues to do well eighteen months after operation. The surgeon should desist from total extirpation if, in case of cancer, the womb is more or less immovable, on account of attachment to its surroundings. In case of procidentia, adherent flexion, hyperplastic inflammation, hemorrhage, etc., the operation may be resorted to after all legitimate means have been faithfully tried in vain.

As regards the mode of operating, H. speaks strongly in favor of sewing up the wound of the peritoneum instead of using a drainage tube, in order to protect as soon and completely as possible the peritoneal cavity against infection from the vaginal wound.—*American Journ. of Obstetrics*, June, 1882.

PREPARATIONS OF IRON FOR SUBCUTANEOUS INJECTION.—Many stomachs are intolerant of iron, even when the general condition indicates the necessity for its use. In these circumstances, subcutaneous injection is useful; and the reason that this method has not up to the present time been much used, is that the proper preparation of iron for the purpose has not yet been decided upon. DR. NEUSS (*Zeitsch. für klin. Med.*, Band iii.) undertook a series of experiments on the powers of diffusion possessed by different salts of iron and their facility for absorption. He used Graham's dialyzer, and first made experiments on rabbits, the results of which he applied to the human subject. It would, however, be imprudent to draw absolute conclusions from experiments on animals, for the rabbit bears, without inconvenience, injections of iron, which in similar doses would bring on local troubles in the human subject. From his experiments, the author recommends in preference pyrophosphate of iron, associated with citrate of soda, which contains a large proportion of iron (26.6 per cent.). Next comes albuminate of iron, and, finally, the pyrophosphate of iron associated with citrate of ammonia; but this in one case appears to have brought on some troublesome symptoms.—*London Med. Record*, May 15, 1882.

THE MEDICAL NEWS.

A WEEKLY JOURNAL
OF MEDICAL SCIENCE.

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SATURDAY, JUNE 17, 1882.

SEWERAGE IN PHILADELPHIA.

UNDER the above title there has recently appeared, as a supplement to the *National Board of Health Bulletin*, a report made to Col. George E. Waring, Jr., expert and special agent of the Census Office, upon the sewerage and house-drainage of Philadelphia. The report is based upon an examination made during the summer of 1881, by W. H. Baldwin, civil engineer. Following so soon after the more comprehensive and very elaborate report on the same subject by Rudolf Herring, civil engineer, who was commissioned to visit Europe for the purpose of studying in detail the sewerage and house-drainage of foreign cities, its publication adds increased interest to a matter of very general concern, and one of very special significance to the citizens of Philadelphia; more particularly is this the case, since the facts obtained are those of an independent observer, and, for the most part, agree with and corroborate those previously presented.

It is not pleasant to have one's faults displayed in broad daylight to the gaze of the whole world, but there are considerations which dwarf the first impulses of offended pride and feelings of shame, and render acceptable the severest criticism, if truthful. If a candid statement and free exposure of the serious evils of the present sewerage system shall arouse public attention, and lead to the correction of these faults, a boon will have been conferred upon the people, for which they should ever be thankful. The citizens of Philadelphia have now what the Scotch bard longed for when he sang :

"O wad some Pow'r the giftie gie us,
To see oursels as others see us!"

We sincerely hope, for the good of the people, that the opportunity may be improved.

The sewerage systems of the older cities were originally constructed to serve their immediate wants without any special reference to their future requirements. As the area of population increased, additions were made in continuation of the original restricted plans, and little or no effort appears to have been made to design a broad, systematic scheme as a basis of present and future works, so that every extension that might be required would be in strict harmony with the essential features of a well-matured and comprehensive system; at least, this is true of Philadelphia.

The sewers were originally designed to accommodate the surface water and to facilitate natural drainage, and, therefore, the prominent and necessary features of a system suitable for the removal of human excreta and the various waste products of a large city have been only imperfectly represented or omitted altogether. Nor has there been any radical modification or improvement in the practice instituted years ago, with a view to meet the new conditions and requirements of the present day. The method of construction, the character of the work, and the quality of the materials used, though exceedingly defective, would not have been so objectionable had the original functions of the sewers been strictly maintained. But gradually a change has been wrought in the manner of disposal of waste matters, so that at the present time it is estimated that "the sewers provide for the excreta of about one-quarter, and the house-water of about one-third, of the population." And this means of removing fecal matter and liquid filth from dwellings is becoming more common year by year. So soon as sewers become the receptacles of excreta and other waste matter of a population, it is imperative that the closest attention be bestowed upon their design, construction, and management, lest they become serious nuisances and jeopardize the public health. How rarely does it happen that this obvious requirement is carried into effect! The reconstruction of a system of sewers, when of any magnitude, is an expensive work which the authorities hesitate to undertake, unless driven to the task by a popular outcry, or by a plain exposure of glaring and serious faults, such as has been made in the report under consideration.

Philadelphia is fortunately provided with ample facilities for natural drainage, and the problem of devising an excellent modern system of sewers is one which presents no unusual difficulties in its solution. The system adopted in this city is what is called the "combined system," that is, the storm water and liquid waste from houses are both conveyed in the same conduits. This is in opposition

to the more advanced modern view of sewage-plans, which requires that the surface water shall go direct to the rivers, and the waste products from houses to an outfall, there to be treated according to some conservative plan, by which only the purified liquid shall escape into the river. But this objection would not be of serious import, provided there were no other palpable and grievous errors connected with the system. And here is where severe criticism begins. By the searching examination of Mr. Baldwin, defects in all the conditions which pertain to a satisfactory system of sewerage have been set forth with startling particularity. In the first place, no scientific thought has been bestowed upon the problem of a safe and proper outlet for the sewage, at least no practical exemplification of such a design has ever had the semblance of application. The only object seems to have been to convey the waste matter by the most direct route into the nearest water-course, irrespective of its ultimate relations to the public health. The sewers all discharge along the river front into the Delaware, and into the Schuylkill as far as the dam, and, to some extent, above the dam. In the latter case the amount discharged into the river is not by any means great; but any sewage, however small the quantity, discharged into the source of the city's water supply, especially when near the in-take, is a most serious evil. The Schuylkill River below the dam has not a constantly active current by reason of this obstruction, and it is therefore more or less foul from the incessant deposit of putrescible matters,—a condition tending to awaken anxiety, considering that the river lies between two very populous parts of the city.

The body of the water in the Delaware is great, and the current swift, and hence less evil might be anticipated from discharging sewage therein; but this discharge takes place in the slips, which are not much affected by tidal movement, and the consequence is the fouling and silting up of the slips with deposits, which is objectionable, if for no other reason than the constant expense of cleansing. But the fact must not be lost sight of that a very considerable part of the city is supplied with water pumped directly from the river in close proximity to the outfall of large sewers, and more or less influenced by the sewage discharged at more remote points by reason of the movements of the tide. It is needless to say that the remedy for these evils is the construction of a system of intercepting sewers by which the sewage which now flows into the Schuylkill above the dam, and is discharged into the two rivers along the city front, shall be intercepted and carried to one or more outfalls below the city, there to be treated in a manner the least injurious to the health of the city.

The main sewers form decidedly the least objection-

able part of Philadelphia's system; but they are not altogether without fault. Even the best sewers are constructed without proper attention to design, care in construction, accurate and finished workmanship, and are unprovided with suitable means and facilities for ventilation and inspection, which all such works require to properly fulfil their mission, and rank with first-class specimens of engineering skill.

Of the branch sewers a less favorable report has been made. Instead of being constructed of a size to accommodate the maximum flow of sewage and storm water, and no larger, they are built almost invariably three feet in diameter, some 2.5 feet. The circular form has been strictly adhered to, in opposition to the almost universal experience that the ovoid or egg-shape is the shape best adapted to meet the requirements of the combined system. They are constructed of brick of very poor quality, "the lower half being laid, usually without mortar, directly upon the excavation which is formed to receive it," and the upper half in mortar. The interior surface is rough and uneven, instead of being smooth, so as to facilitate the rapid flow of sewage, and prevent retention of filth. The inverts are laid without cement, and as a consequence the sewers leak badly at every joint between the bricks, saturating the soil with putrescible matter. This action is greatly favored by the sluggish current caused by sedimentary deposits and other obstructions. Not only is too little attention paid to the quality of the materials, but the workmanship is, as a rule, of an inferior grade. It is, therefore, not surprising that the sewers so frequently settle out of shape, and eventually fall in.

Sewer-junctions are very faulty. House-connections are made in the rudest manner, just as the caprice of the plumber or his assistants may dictate, this important service being without supervision or regulation of any city official. The man-holes are rudely constructed, are without ladder-bars to facilitate entrance, and their covers are, with few exceptions, unprovided with gratings for ventilation. The catch-basins, or inlet-basins, are old-fashioned water-seal basins, the water-seal being about three inches deep. They are generally unprotected by bars or grating, and the basins proper accumulate filth and *débris* from the street and other sources, and become exceedingly foul. The sewers are practically without ventilation, and consequently are foul in the extreme. There is a total absence of appliances for flushing.

The maintenance, repairs, and cleansing of the sewers, of which there is constant need, is shown to be defective in every particular. We have not time to go into specifications, but one need only read the report of Mr. Baldwin to be convinced of the utterly inefficient and even reckless manner in which this work is performed.

From the large size of the sewers, their circular form, and the obstructions left by workmen, it is not surprising that these conduits are more or less filled with deposits which obstruct the flow and convert them into "elongated cesspools." It is not difficult to see how the soil becomes polluted by the escape of sewage through the fissures between the uneven and dry-laid bricks which form the invert. By the absence of ventilation, the conditions favorable to the generation of noxious gases are greatly increased. With the presence of filth of every description, a sluggish current, moisture, heat, germs of disease, and the absence of circulation of fresh air, nothing more seems to be required for calling into activity those processes which give to sewer-air its poisonous qualities.

Enough has been shown to convince any one of the utterly faulty condition of the sewerage system of this city in nearly all its particulars, and to demand the immediate intervention of the authorities in behalf of thorough reorganization of the system according to the standard of modern engineering knowledge and skill, and the requirements of sanitary science.

It is useless to discuss the injurious influences upon the health of the inhabitants of this pernicious system as it exists to-day. It is too evident that the dangers exist, and are constantly threatening the public health through the agencies of polluted water supply, polluted soil, and polluted atmosphere. It is no proof to the contrary that the death-rate of Philadelphia is among the lowest of all great cities of the world. It is to other benign and antagonizing influences the city owes its reputation for salubriousness; and it is reasonable to assert that, if these favorable agencies were allowed to operate without this serious drawback, the result would be increased healthfulness. As Col. Waring remarks: "If under existing conditions the rate sometimes falls below eighteen per thousand, it is hardly too much to hope that by the complete purification of the soil, of the atmosphere, and of the water supply, which would follow the construction of a modern system of sewerage, and of universal and compulsory good house-drainage, a very considerable further reduction of mortality would follow."

At another time we propose to discuss another branch of this important subject, namely, house-drainage.

SUPERALIMENTATION.

We have on several occasions called attention to the remarkable results obtained by Dr. Debove by his system of forced feeding. Chiefly employed at first in phthisis, it has, also, since been utilized in various states characterized by wasting. It has been found by Debove that food, reduced to an impalpable

powder, mixed with milk, is readily introduced through the stomach tube, and is well borne. The powder which Debove now considers the best is composed of beef or horseflesh, desiccated, and then ground finely, mixed with a meal obtained by the grinding of beans. Six kilogrammes of fresh beef furnish, after desiccation, one of dried beef. He gives daily two hundred to four hundred grammes of the mixed powder. These dried foods seem to be readily penetrated by the gastric juice, and easily digested. They have, also, an agreeable taste. They are safer than fresh meat, for in the process of desiccation sufficient heat is employed to destroy parasites.

In a recent paper, Dujardin-Beaumetz thus sums up the results: "The therapeutical results obtained by the employment of alimentary powders are most remarkable. M. Debove has reported magnificent examples, and I have obtained analogous effects in my service, not only in the phthisical, but in other maladies where the nutrition is disordered."

The method has some inconveniences, and requires patience on the part of the invalid, and energy on the part of the physician, but the results appear to justify all the effort expended.

THE CIRCULAR OF THE BUREAU OF EDUCATION ON TRAINING SCHOOLS FOR NURSES.

We are very glad to note the publication, by the Bureau of Education, of a "Circular of Information" on "The Inception, Organization, and Management of Training Schools for Nurses." The day of the good old motherly nurse who had picked up knowledge by experience—*i. e.*, by experimenting on her patients and learning the best way of doing things by having tried all the worst ways—and the day of the now classic Sairey Gamp and her friend, Mrs. Harris, are past. Moreover, the trained nurse is fast replacing the family, as it is seen that affection is a serious bar to the best care of the patient. Hence the increasing need of training schools for nurses, and the present circular will do much towards facilitating their establishment. In fact, no city of 50,000 or surely of 100,000 inhabitants should be without such a school. Yet Providence, Pittsburg, Cincinnati, Cleveland, San Francisco, Milwaukee, Richmond, and other cities we could name, have no such schools for nurses, though most, if not all, have good hospitals, which are the foundation for such institutions, and whose staff are usually the best instructors. There are seventeen such schools in the United States, as we learn from the circular. Of these, Boston and New York each have three, Philadelphia and Brooklyn each two, and the remaining six are in New Haven, Chicago, New Orleans, St. Louis, Syracuse, Washington, and Burlington (Vt.). The oldest are those in Phila-

adelphia, that of the Lying-in Charity, dating from 1836, and that of the Woman's Hospital from 1861, the Bellevue Hospital School coming next in 1872. All the needful directions for organizing such a school will be found in the circular. In the appendix are given the Act of Incorporation, an application blank, and a nurse certificate from the Washington School as models, together with some addresses to the graduating classes of several schools. These in general are not, we must confess, of especial value, except the sparkling address of Dr. W. B. Garside, the Medical Director of the New York State School in Brooklyn.

THE COMPOSITION OF PODOPHYLLIN.

In an elaborate research, Podwissotzki has ascertained that the resin of podophyllin is a composite substance. He finds that its cathartic action is due to the neutral and crystallizable picropodophyllin contained in picropodophyllinic acid, which together constitute the resinous podophyllotoxin. This substance, he holds, is not a chemical combination, but a mixture or solution. It has long been known that alkalies lessen the activity of podophyllin resin. Podwissotzki gives the explanation: the alkali combining with picropodophyllinic acid renders the resin picropodophyllin insoluble.

Podophyllotoxin is the active part, and is given in one-quarter to one-half a grain at bed-time. When the constipation is decided, one-half a grain may be given at once, but it should be remembered that a dose of two and one-half grains is regarded as dangerous, if not toxic. Solution in alcohol is recommended as convenient for administration:

R. Podophyllotoxin. gr. iijss.
Spts. vini rect. 3iv. M.
S. 15 to 30 minimis at a dose, in wine or whiskey.

THE ADMISSION OF WOMEN INTO STATE MEDICAL SOCIETIES.

DR. JAS. R. CHADWICK, in the *Boston Medical and Surgical Journal*, for June 8, gives a chronological statement of the action of the Massachusetts Medical Society from 1852 to the present time, *apropos* of the action on the 13th instant, as to the question of the admission of women into the Society. In connection with this he gives a statement as to the position of the various State Medical Societies on this question, which is as follows: In New Jersey, the Carolinas, Virginia, Maryland, Georgia, Mississippi, Louisiana, Kentucky, Arkansas, Missouri, Florida, and West Virginia, no women have ever applied for membership. In Wisconsin, in 1875, a woman was rejected, independently of her sex, because of imperfect credentials.

The California State Society admitted women as early as 1855, Michigan and Kansas following in

1872. Within the last ten years they have also been admitted to the following State Societies, making seventeen in all, viz.: Maine, New Hampshire, Vermont, Rhode Island, Connecticut, New York, Pennsylvania, Tennessee, Ohio, Iowa, Minnesota, Indiana, Illinois, and Oregon.

LITERARY NASTINESS.

No other word properly describes it. It is nastiness pure and simple.

In the *Boston Medical and Surgical Journal*, for June 8, is a translation of a passage in Zola's last novel, *Pot Bouille*, describing with painful and disgusting exactness the varied stages of a case of labor, and for filthy realism it surpasses anything we have ever seen. The plot of the book is *nil*, while seduction and obscenity are its staple. One of the characters, a child of fourteen, obtains ample key-hole information as to the sexual relations, and her nurse encourages her to illustrate it practically upon herself. Even in a medical journal such filth would never find a place save as here, to illustrate a point, but to find it on our drawing-room tables, scantily veiled in French, or temptingly half told in English (for the translator could not persuade himself to give quite all of it), is simply horrible.

Our youth of both sexes should be shielded from such contamination, not only by parental care, but by the strong arm of the law. We hope the Society for the Suppression of Obscene Literature will seize upon this and similar books, and both destroy them and punish the dealers who sell them. Surely, if the Attorney General of Massachusetts suppresses Walt Whitman's poems for a few indecent lines, such reeking obscenity as this ought to meet with swift and sure destruction.

WE notice in the *Gazette Medicale de Paris*, of April 22, a statement taken from the *Siglo Medico*, of Madrid, of two cases of spontaneous cow-pox in Spain, one at Arroes, in the province of Oviedo, and one in the province of Cuenca. They seem from the reports to be genuine, and as especial interest obtains in the subject at present, *apropos* of our recent thorough examination of the question of bovine virus, we direct the attention of our readers to the announcement. The stock may become as noteworthy as that of Beaugency.

WE are glad to see that Dr. Oliver Wendell Holmes' charming address at the dedication of the Hall of the Boston Medical Library Association is meeting with so appreciative notice from the English medical press. But what else could it receive?

Witty and wise; equally at home among the musty folios of the sixteenth century and the books that yet smell of the binder; always instructive; always

master of the purest English, the author is the bosom friend of the profession on both continents.

THE *Record's* "influential men in every part of the country," who wrote letters containing "the heartiest endorsement of the course of the *Record* in its advocacy of freedom in consultations," did not put in an appearance at St. Paul. They were doubtless kept away by pressing professional engagements. For some mysterious reason the *Record* has allowed many weeks to pass without responding to our request for those letters to which it referred with evident pride. The profession is very anxious to hear from those "influential men," and there is now even greater reason why the *Record* should, without further delay, publish those long looked-for letters, and the names of their authors.

SOCIETY PROCEEDINGS.

THE AMERICAN MEDICAL ASSOCIATION.

Thirty-third Annual Meeting, held at St. Paul, June 6, 7, 8, and 9, 1882.

(Specially reported for THE MEDICAL NEWS.)
(Concluded from page 637.)

FOURTH DAY—JUNE 9TH.

The closing session was opened by prayer offered by Rev. E. D. Neill.

DR. A. J. STONE, on behalf of the

COMMITTEE OF ARRANGEMENTS,

announced an invitation from Mr. Wm. Leip to visit White Bear Lake, and an invitation to all Sir Knights to the reception to be tendered this evening by Damascus Commandery, No. 1, K.T., to visiting Knights, at their asylum. He urged the members to participate in the excursions to Great Bear Lake, Duluth, Winnipeg, the Yellowstone, and other places of interest which had been mentioned.

THE REPORT OF THE LIBRARIAN,

DR. WM. LEE, of Washington, was read. It stated that during the past year there had been added 167 distinct titles. This addition makes the library consist at present of 1702 distinct titles, which comprehend, from a general estimate, about 4448 volumes, inclusive of pamphlets. The Boston Medical Library Association has generously placed a large number of its duplicate periodicals at the disposal of this library, which have gone far towards completing certain imperfect sets of the same, and thus materially assisted in its growth, due credit for which will be found to be given in the catalogue. Otherwise, with the exception of a few monographs donated by their authors, the library has been left entirely to its own resources to obtain periodicals by exchange and purchase. I have only to recommend, in conclusion, that the home and foreign exchanges be continued; that two hundred dollars be placed at the disposal of the librarian to be expended as heretofore for the especial purpose of binding and purchase of periodicals, proceedings and transactions which are to assist in the completion of sets, and that fifty dollars be again subscribed to the Index Medicus, under the same conditions as last year. This important and valuable periodical seems now to be established upon a more permanent and firmer basis, but

this offer of pecuniary aid on the part of the Association is simply an appreciation of its merits and a desire to insure its success.

The report was accepted and the recommendations adopted.

THE REPORT OF THE TREASURER,

DR. R. J. DUNGLISON, of Philadelphia, was presented, and showed a balance of \$1141.38.

THE COMMITTEE ON PUBLICATION

submitted their report. The Chairman announced that an index to the annual volumes to date had been prepared and that it would cost \$800 or \$900 to print.

On motion, it was ordered that, if sufficient funds for the purpose should remain in the Treasury after paying all the expenses, a general index of all the volumes of Transactions, including that for 1882, should be issued to members with the current volume.

FORFEITED MEMBERSHIP.

DR. KELLER, of Arkansas, moved that the Secretary be directed to erase from the rolls the names of members that have forfeited their membership. Adopted.

CREMATION.

Dr. Keller, of Arkansas, offered the following resolution:

Resolved, That in many of our large cities in the near future, if not now, cremation will become a sanitary necessity.

A motion to lay on the table was lost. After some discussion it was then referred to the Section on State Medicine and Sanitary Science.

THE DECLARATION OF PRINCIPLES

offered on the second day by DR. CHARLES DENNISON, of Colorado, was reported back to the Association by the Judicial Council without recommendation. It was, on motion, laid on the table.

EXPERT TESTIMONY.

The following resolution in regard to expert testimony was introduced from the Section on State Medicine, by DR. A. L. GHON, U. S. N.

Resolved, That it is the sense of the American Medical Association that it will be conducive to justice and the dignity of the profession, if medical expert testimony can be presented to the Court without having the appearance of having any intention to influence either side of the case, but simply as an honest statement of scientific facts. Adopted.

MEDICAL EXAMINATIONS.

DR. J. G. THOMAS, of Georgia, offered the following resolution:

Resolved, That the Association approve the organization of faculties in medicine having no other foundation than the examination for degrees, as a measure which will increase the value of the present methods of education in medical colleges in this country.

DR. N. S. DAVIS, of Illinois, seconded the resolution in a speech defending the establishment of independent boards by the universities.

DR. RANSEHOFF, of Cincinnati, opposed the measure as casting a slur upon medical colleges and medical teachers. He contended that, as all classes of practitioners could demand and obtain representation on such boards as were contemplated by the resolution, such a measure would have the tendency to retard medical progress and encourage irregular sects by giving them legal recognition.

DR. GARCELON, of Maine, opposed the resolution and moved that it be laid upon the table. Lost—ayes, 75; noes, 132.

DR. N. S. DAVIS, of Illinois, said he was fully in favor, and had been for thirty years, of the principles

of independent examination, but now having brought the matter to the notice of the Association, thought that the same should be further postponed.

This was done by an unanimous vote.

"ALLOPATHS."

On motion of DR. DENNISON, of Colorado, it was *Resolved*, That no action of this Association, either in its Code of Ethics or in its annual meetings, should be construed to commit members of the American Medical Association to adherence to any dogma, and members should have the care not to allow their names to be erroneously registered as "allopathists," etc., in State or city registers of physicians.

A STIPEND TO THE SECRETARY.

DR. EUGENE GRISCOM, of North Carolina, moved that an honorarium of \$1000 be presented to the permanent Secretary for his services during the past year.

DR. J. M. TONER, of Washington, moved to amend by substituting \$500. The amendment was lost, and the original resolution was adopted.

DR. H. O. MARCY, of Boston, moved a vote of

THANKS TO THE TREASURER,

for his long and faithful services to the Association. Unanimously adopted.

'AMENDMENTS TO THE CONSTITUTION.

DR. TONER, of Washington, D. C., gave notice of an amendment by which the Secretary should serve without compensation.

DR. GOODWILLIE, of New York, called up his amendment to Article II., Section 8—permanent members—to strike out the words "but without the right of voting." Lost.

A NATIONAL MEDICAL COLLEGE.

DR. LAURENCE, of New York, offered the following: *Whereas*, It is known that no school or college exists within the territory comprising the jurisdiction of the American Medical Association whose course of instruction fully meets the requirements of a practical medical education in all of its branches and specialties; and

Whereas, No school nor institution for the above purpose exist that is not more or less dependent upon tuition fees for its support; and

Whereas, It is the sense of the American Medical Association that the highest type of education and ability cannot be attained until the subject of tuition shall be entirely divorced from the subject of instruction and graduation, and that the cause of humanity and the cause of research alike demand such divorce; and

Whereas, It is desirable to establish an institution, national in character, whose various chairs, and whose curriculum shall represent and include every branch of medical science essential to the highest and most technical qualification, and which, while exacting from each graduate a full course in the different branches, shall at the same time be so endowed and equipped as to make attendance, study, and ability the sole condition of graduation; therefore be it

Resolved, That the President of the American Medical Association appoint a committee consisting of one representative from each State in the Union, whose duty it shall be to investigate the subject of the feasibility of creating and endowing such an institution as shall in their judgment meet the demands of this age of investigation and progress, and that said committee shall include in their report at the next annual meeting a more exact character of the school we need, and the ways and means that will best conduce to the accomplishment of the undertaking.

The resolutions were, on motion, laid on the table.

THE COMMITTEE ON NOMINATIONS

presented the following report:

President.—John L. Atlee, M.D., of Lancaster, Pa.
Vice-Presidents.—Drs. Eugene Griscom, of North Carolina; A. J. Stone, of Minnesota; J. A. Octerlony, of Kentucky; H. S. Orme, of California.

Treasurer.—R. J. Dunglison, M.D., of Pennsylvania.

Librarian.—C. H. A. Kleinschmidt, M.D., of Washington.

Chairman of Committee on Arrangements.—X. C. Scott, M.D., of Cleveland.

Assistant Secretary.—I. N. Himes, M.D., of Cleveland.

Members of Judicial Council.—Drs. N. S. Davis, of Illinois; J. M. Brown, of United States Navy; X. C. Scott, of Ohio; M. Sexton, of Indiana; N. C. Husted, of New York; Wm. Lee, of Maryland; J. E. Reeves, of West Virginia.

Committee on Necrology.—Dr. J. M. Toner, of Washington, Chairman.

Committee on Publication.—Dr. W. B. Atkinson, of Philadelphia, Chairman.

OFFICERS OF SECTIONS.

Practice of Medicine.—Drs. J. H. Hollister, of Illinois, Chairman; J. G. Lee, of Pennsylvania, Secretary.

Surgery and Anatomy.—Drs. W. F. Peck, of Iowa, Chairman; Paul F. Eve, of Tennessee, Secretary.

Obstetrics.—Drs. J. K. Bartlett, of Wisconsin, Chairman; G. A. Moses, of Missouri, Secretary.

Medical Jurisprudence and State Medicine.—Drs. Foster Pratt, of Michigan, Chairman; Thomas L. Neal, of Ohio, Secretary.

Ophthalmology, Otology, and Laryngology.—Drs. A. W. Calhoun, of Georgia, Chairman; Carl Seiler, of Pennsylvania, Secretary.

Diseases of Children.—Drs. R. Blount, of Indiana, Chairman; J. H. Sears, of Texas, Secretary.

Dentistry.—Drs. D. H. Goodwillie, of New York, Chairman; T. W. Brophy, of Illinois, Secretary.

The report was accepted and unanimously adopted.

TRUSTEES OF THE JOURNAL.

DR. L. A. SAYRE, of New York, in presenting the report of the Committee to Nominate Trustees for the Journal, said that the duty of the Committee in selecting a Board of Trustees was a very important one; that in making the selection the Committee had been hampered by the resolution passed on Thursday, to the effect that non-attending members were not eligible, as some of the oldest and ablest members of the Association were unable to be present at this session.

The Trustees appointed by the Committee were as follows:

For three years—Drs. Davis, of Chicago; Moore, of New York, and Toner, of Washington.

For two years—Drs. H. F. Campbell, of Georgia; Packard, of Pennsylvania, and Connor, of Michigan.

For one year—Drs. Hooper, of Arkansas; Garcelon, of Maine, and McMurtry, of Kentucky.

The following resolution was offered by direction of the Section of Ophthalmology, Laryngology, and Otology, with reference to

TESTS FOR COLOR BLINDNESS.

Whereas, A petition has been presented to Congress asking for the calling of an International Commission to consider and agree upon some standard requirements of these qualifications in the sailors of all countries; therefore

Resolved, That the American Medical Association heartily approves of the proposed International Commission, and hereby directs its Secretary to transmit its action to Congress.

AMENDMENTS TO THE CONSTITUTION.

DR. FOSTER PRATT, of Michigan, gave notice of the following amendment to Article XIII. of By-Laws, so that it shall read: "None but members present shall be eligible for election as President, Vice-President, Treasurer, Secretary, Chairman, and Secretary of Sections, and as members of the Judicial Council."

BIENNIAL MEETINGS IN WASHINGTON.

DR. N. S. DAVIS, of Illinois, introduced the following:

Resolved, That after the next annual meeting the permanent interests and influence of this Association would be best promoted by again holding every second meeting in Washington, as its home on common national ground, and not as invited guests, while each alternate meeting should be held in such section of the Union as would be most useful in promoting the society organizations in all parts of the country.

Being an amendment to the Constitution, this was laid over.

DR. KELLER, of Arkansas, gave notice of another amendment as regards

THE TIME OF MEETING.

"The Nominating Committee in naming the time of meeting shall appoint any date at their discretion as late as the first Tuesday in September."

Notice was also given that an amendment would be offered at the next meeting making the office of Librarian permanent.

DR. TONER gave notice that at Cleveland he would introduce a motion that the Nominating Committee shall be authorized to name a candidate for Secretary of the Association.

DR. BRODIE, of Michigan, read an elaborate vote of thanks to the Committee of Arrangements, the profession and citizens of St. Paul, and railroads, for courtesies extended, which was seconded by Dr. N. S. Davis, of Chicago.

DR. D. H. GOODWILLIE, of New York, delivered the *Address in Dental Surgery*.

DELEGATES TO FOREIGN SOCIETIES.

The PRESIDENT then announced the following as delegates to the foreign societies: Drs. T. A. Emmett, D. Lewis, W. M. Carpenter, and E. M. Brush, of New York; and J. M. Da Costa, of Pennsylvania.

THE PRESIDENT ELECT.

On motion Dr. Davis, of Chicago, was appointed to escort Dr. John L. Atlee, the president elect, to the platform. Dr. Atlee was greeted with loud applause, and on being introduced by President Hooper, made the following address:

Gentlemen of the American Medical Association: It is with no ordinary emotions that, by your partiality, I occupy a chair that I have seen filled by a Chapman, a Warren, a Storer, a Knight, and a host of worthies, living and dead, who were and are the ornaments of our profession. I beg you to accept, gentlemen, my heartfelt thanks for the honor you have conferred upon me. I accept it also with gratitude as a tribute to the memory of a dear brother, who, were he now living, would more deservedly occupy this position. My chief motive in coming here on this occasion was to assist in carrying out the instructions unanimously given by the Lancaster County Medical Society to uphold the honor and dignity of our noble profession by putting the seal of condemnation upon the recent action of a State society, the sanction of which would have given character to a system of practice derogatory to common sense, and professional integrity. All honor, gentlemen, to the report of our Judicial Council. In the

performance of my duties I shall endeavor to be firm and impartial and I trust that I may be supported by your kindness and courtesy in trying to uphold the right.

The thanks of the Association were tendered to Dr. P. O. Hooper, of Arkansas, the retiring President, and at 12.40 P. M., the Association adjourned to meet at Cleveland on the first Tuesday in June, 1883.

SECTION ON PRACTICE OF MEDICINE, MATERIA MEDICA, AND PHYSIOLOGY.

TUESDAY, JUNE 6.—The Section met at the Opera House at 3 P. M., and was called to order by the Chairman, DR. J. A. OCTERLONY, of Louisville.

The Secretary being absent, DR. T. N. REYNOLDS, of Detroit, was elected to fill the vacancy.

The Secretary read a paper on *Home Treatment of Pulmonary Consumption, by General and Local Antiseptics on the Basis of Strict Individualization*, by DR. J. HILGARD TYNDALE, of New York. On motion, the paper was referred back to the author.

DR. JOHN V. SHOEMAKER, of Philadelphia, read a paper on the *Therapeutic Action of Chlorate of Potassium*. Referred to the Committee on Publication.

WEDNESDAY, JUNE 7.—DR. J. C. TUCKER, of San Francisco, presented a paper by DR. H. GIBBONS, of California, on the *Medicinal Astringent Plants of the Pacific Coast*. Referred to the Committee on Publication.

DR. J. V. SHOEMAKER, of Philadelphia, presented a paper on the *Treatment of Syphilis with Subcutaneous Sublimate Injections*. Referred to the Committee on Publication.

THURSDAY, JUNE 8.—DR. M. DONNELLY, of New York, read a paper on *Salicylate of Potassa and its Use in Acute Rheumatism and Dyspepsia*. Referred to the Committee on Publication.

Adjourned.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN.

TUESDAY, JUNE 6.—The Section met at 3 P. M., DR. H. O. MARCY, of Massachusetts, in the Chair.

DR. WM. H. GRANGER, of East Boston, presented a paper on the *Mechanical Treatment of Delivery from the Superior Strait*.

DR. BEVERLY COLE, of San Francisco, read a paper on the *Forceps and their Application, Introducing a New Instrument, etc.* He said that he was a follower of the old school of obstetricians, and was not yet a convert to the new school, as represented by Playfair and others, who teach that the forceps must in all cases, whether at the *superior* strait or lower, be applied with reference to the axis of these straits, utterly ignoring the importance of the child's head. Dr. Cole recognized the *practicability* and necessity of applying the instrument to the sides of the child's head.

It was in this mode of applying the forceps only that we could be assured against having them slip. The instrument exhibited differed materially from any other extant; whilst exceedingly simple it fulfilled the indications more completely than any other. The fenestrum of each blade is large at the heel, like the Hodge forceps, in which there is an advantage, since the amount of scalp tissue protruding is so great as to fix the blade and absolutely prevent its riding on the parietal face, which Elliott's, and others, with a conical-shaped fenestrum, always will do. The shank of this instrument is very much curved, so as to facilitate its application at the superior strait without pressing upon the perineum, which the straight shank will do, thus sparing the woman much unnecessary suffering, and aiding the operator greatly. To this curve he applies

the term *perineal curve*. The entire instrument weighs but fourteen ounces.

He next criticised Dr. Tarnier's views and instrument, pointing out the defects in his teachings and the faults of his forceps. It is too clumsy, weighs too much, is difficult of application, too complicated in construction, and will slip when applied, as it usually is, namely, so as not to injure the child. Therefore, to avoid slipping, the child is exposed to too much pressure, endangering its life. But, as Budin and Tarnier, and their followers abroad and at home, believe, there has been a great advance made through this forceps. Dr. Cole has made an attachment to his forceps which fully carries out Tarnier's idea. This attachment is exceedingly simple, and is so arranged that by touching a spring it is fixed to the shank of the forceps, and by depressing the rachet it is as easily detached. Thus the whole instrument is a *multum in parvo*, furnishing two in one.

Whilst Dr. Cole utterly fails to appreciate the importance or even the admissibility of the attachment converting it into a Tarnier forceps, nevertheless, he has very ingeniously arranged this attachment so as to adapt it to the use of the converts to Tarnier.

In the discussion which followed the reading of this paper, Dr. Battey, of Georgia, and others, endorsed the views of Dr. Cole as to the principles concerned in the application, and expressed themselves as highly pleased with the forceps exhibited, believing that they completely fulfilled the indications pointed out.

Although Dr. P. J. Murphy, of Washington, was unavoidably absent, the subject of his paper, *The Condition of the Cervix Uteri after Emmet's Operation, Especially its Effects upon Subsequent Gestation and Delivery*, was taken up and freely discussed by the members.

WEDNESDAY, JUNE 7.—DR. M. GREELY PARKER, of Lowell, Mass., described a *New Thermo-Cautery*.

DR. DANIEL T. NELSON, of Chicago, Ill., read a paper on the *Sub-involution of the Uterus*, and

DR. ROBERT BATTEY narrated the *Year's Progress of Oophorectomy*.

THURSDAY, JUNE 8.—PROF. DUNSTER, of Ann Arbor, read a paper entitled *Ovariotomy during Peritonitis; Is it Justifiable?*

DR. H. F. CAMPBELL, of Georgia, reported a case of *Impacted Retroversion of the Uterus*.

DR. H. O. MARCY, of Boston, read a paper on the *Treatment of Fibroid Tumors of the Uterus*, which elicited considerable discussion.

The Section then adjourned.

SECTION ON OPHTHALMOLOGY, OTOTOLOGY, AND LARYNGOLOGY.

TUESDAY, JUNE 6.—In the absence of the chairman, Dr. S. B. St. John Roosa, of New York, the SECRETARY, DR. J. SOLIS COHEN, of Philadelphia, called the meeting to order, and on motion, DR. S. B. JONES, of Chicago, was elected CHAIRMAN. At his own request, Dr. Cohen was excused from his duties as secretary, and DR. CARL SEILER, of Philadelphia, was chosen to act as SECRETARY.

DR. W. PORTER, of St. Louis, then read a paper on *Recurrent Pharyngeal Hemorrhage*, in which he reported two cases, in each of which there was evidence of incipient phthisis. When hemorrhage appeared, it was thought to have its source in the lung lesion. The bleeding was slight but frequent, and examination being made during an attack, blood was found trickling down the posterior pharyngeal wall. In the first case the origin was behind the upper part of the left tonsil, which was to some extent enlarged. A styptic application, and afterward removal of the projecting portion

of the tonsil and astringents to the surrounding tissue, constituted the treatment.

In the second case a deep ulcer was found on the posterior wall of the velum, which bled freely when touched. This yielded to such applications as were made. There has been no return of hemorrhage in either instance, and this, with the fact that the source of the bleeding was not in the lung, has greatly relieved the fears of the patient regarding the progressive nature of the pulmonary disease. Hæmoptysis, seldom dangerous, and to some degree, in certain cases, productive of good, is always alarming to the patient. A fair deduction from these histories is that in all cases of supposed hæmoptysis the larynx and pharynx should be examined, especially if the pulmonary disease be incipient. If there be no physical evidence of lung disease, such an examination is all the more important. In each of these cases the chest condition was such as to warrant the earlier diagnosis had not the pharyngeal injury been discovered.

A great amount of ulceration is not necessary in order that hemorrhage should follow. In the first case probably there was only infarction of a small blood-vessel as the primary lesion. Hartman and others have demonstrated laryngeal hemorrhage, and there is evidence to prove the occurrence of pharyngeal hemorrhage, and under such circumstances as to resemble hæmoptysis.

DR. CARL SEILER, of Philadelphia, said that he had seen three cases of bleeding from the upper pharynx and naso-pharynx, which had been mistaken by others and by the patient himself for hemorrhage from the lungs.

DR. CARPENTER, of Pottsville, also related a case of pharyngeal bleeding, which was easily controlled by local applications to the bleeding point.

DR. GLASGOW, of St. Louis, said that he had never seen a case of real pharyngeal bleeding, and that all the cases mentioned, except two, had been cases of bleeding from the naso-pharynx. He could readily imagine, however, that pharyngeal bleeding might occur in phthisical subjects caused by a breaking down of the vessels by fatty degeneration.

The paper was referred to the Committee on Publication.

DR. X. C. SCOTT, of Cleveland, then made some remarks on the *Use of Powdered Iodoform in the Treatment of Diphtheritic Conjunctivitis*, and stated that since he had adopted this method of treatment he had not lost a case. He applied iodoform in fine powder to the surface once a day.

DR. PORTER said that he had had a case of syphilitic ulceration of the skin of the nose, which would not heal under the ordinary treatment, but which in the course of ten days had entirely disappeared on the local use of iodoform.

DR. SCOTT said he had brought the matter up because he wanted to hear the opinions of the members on the subject, and asked whether iodoform had ever been used for the treatment of diphtheria in the throat.

Some of the members present had heard of its being used in diphtheria.

DR. GEBBETS said he had used iodoform by insufflation for the treatment of ulcerations in the throat, and that he was in the habit of adding some ethereal oil to the drug in order to disguise the unpleasant odor.

DR. SEILER said that he had tried every imaginable substance for the purpose of destroying the odor of iodoform, and had found that there was nothing known which would do so permanently. On that account he had been obliged to discontinue its use in private practice, although he thought it one of the most valuable drugs in the treatment of ulcerations of the mucous membrane. In illustration, he related a case of tuber-

cular ulceration of the larynx and soft palate, which had improved remarkably under the local use of powdered iodoform.

DR. GLASGOW stated that his experience fully coincided with that of Dr. Seiler.

The different methods of applying the drug were then discussed, and in this discussion DR. JOHNSON, of Peoria, said that he was in the habit of dissolving the iodoform in ether and of applying the vapor to the affected mucous membrane. DR. COHEN said he had used solutions of iodoform in chloroform or ether in the form of a spray, and also dissolved in collodion, as an external application in recent goitre cases with great benefit.

DR. CARPENTER, of Pottsville, Pa., said: It is a period of nine or ten years since I have been observing the treatment of exophthalmic goitre by internal administration of iodoform, and have used it in every case that has come under my notice, with, so far, highly gratifying results. It has not seemed necessary in this variety of goitre to make an external application of the drug. It has been sufficient to administer a pill containing two or three grains of iodoform, three times a day, until marked relief is obtained. If necessary, the dose may be increased. A good form of the pill is the sugar or gelatine coated, and it may be combined with iron. By this means alone I have cured several cases of exophthalmic goitre, no matter how grave they might be, when uncomplicated by other disease.

Having communicated this treatment to Prof. Wm. Pepper, of the University of Pennsylvania, and to Dr. J. Solis Cohen, of Philadelphia, I am gratified to know that it has in their hands been found successful.

The action of this drug I believe to be sedative and tonic upon the sympathetic nervous system, and to act chiefly in that way in the process of curing exophthalmic goitre.

The constitutional effects of the iodine do not seem to me to be the efficient agent in bringing about the happy result.

DR. GLASGOW said he had treated cases of old goitre and also of other glandular tumors of the neck by the external application of iodoform, with excellent results.

DR. THOURON asked whether the drug acted through the nervous system, and if so, the external application must act upon the peripheral nerves.

DR. COHEN thought it acted as an anæsthetic upon the mucous membrane when locally applied. Internally, it acted as Dr. Carpenter had stated; but he would like to ask, whether it was safe to administer iodoform internally to a pregnant woman.

DR. CARPENTER stated that he had given the drug to a pregnant woman, with the same results as he had observed in other cases.

DR. SCOTT said he had used iodoform, together with hot water, in interstitial choroiditis, with excellent results.

DR. COHEN called attention to the Leiter apparatus for applying hot or cold water to the different organs, and said he had found it a very useful apparatus. This called forth a lengthy expression of opinions, as to the best methods of applying hot or cold water, by most of the members present.

DR. SEILER then stated that he, having seen a notice in one of the journals of a method discovered by Prof. Rossbach for anæsthetizing the larynx, had tried the ether spray on each side of the neck, until a portion of skin the size of a silver dollar had been frozen, and had found that the larynx, which previously had been absolutely intolerant to the introduction of an instrument had become quite insensible to the presence of the forceps.

DR. COHEN stated that two of his young assistants at

the Throat Dispensary had tried the experiment, but had failed to obtain satisfactory results.

WEDNESDAY, JUNE 7.—Meeting was called to order at 3 p. m. After reading of the minutes of the previous meeting, a letter from Dr. Joy Jeffries, of Boston, was read, in which he asked the co-operation of the section in bringing about legislation in the matter of color blindness in signaling men on railroads, navigation, etc.

The paper on the programme not having come to hand, and its author not being present, DR. CARL SEILER, of Philadelphia, exhibited some *galvano-cautery instruments* for operations in the larynx, pharynx, and nasal cavities. He said that the insulating material, usually silk, protecting the conducting wires, was very apt to be burned off by the heat developed in the wires, and then the parts not to be cauterized were apt to be scorched, giving rise to unpleasant consequences. He had substituted vulcanized fibre for the silk, and had found it to answer the purpose admirably. In order to be able to bend the instrument to any desired curve, the insulating material was made in sections small enough to allow the wires to be bent in any shape desired.

DR. JOHNSON, of Chicago, said he had found the same difficulty as had Dr. Seiler, especially when the wires were thin, which was necessary in knives employed in operations within the nose and larynx.

DR. CALHOUN, of Atlanta, reported a case of *Accidental Vaccination of the Eye*, occurring in little boy seven years of age, who getting some virus on his fingers from a pustule on the arm of his little sister, scratched himself on various portions of the body and on the left eye, thus inoculating himself. The pustule on the eye developed upon the edge of the lower lid, involving the conjunctiva, and ran its regular course, destroying the cornea, either by pressure or by the ulcerative process induced by the virus. The other eye also became inoculated, but did not develop a pustule, the virus producing a suppurative ophthalmia.

DR. JOHNSON, of Peoria, reported a case of *Dislocation of the Lens under the Conjunctiva* from traumatic source, and stated that after removing the lens the chamber became filled with blood, and losing sight of the patient he was not able to say whether this had become absorbed and light was admitted to the retina.

DR. CONNOR, of Detroit, reported a case of *Tumor on the Base of the Skull*. The symptoms first noticed by the patient were increasing deafness in the right ear until complete insensibility to sound was reached, then the eye on the same side began to show signs of insensibility to light, also progressive until sight was entirely lost. There were no other symptoms except a general wasting of the body. After death a large tumor was found occupying the base of the skull, which was firm and hard, with a nodular surface. This tumor by pressure had absorbed the portion of brain matter in immediate contact with it as far up as the optic thalamus, which was destroyed. Dr. Connor believed the tumor to be a chondroma, but was not certain, as he had not had an opportunity to make a microscopical examination.

DR. AGNEW, of New York, then made some remarks on *Optic Neuritis and Retinitis*, giving the histories of a number of cases. In the course of his remarks he expressed it as his opinion that specialists were apt to be one-sided and place too much reliance upon the verdict of their instruments of diagnosis and precision, thus overlooking the importance of reaching for the often remote causes of disease of special organs.

He also called attention to the matter of communicable diseases of the eye in residential schools, and cited, as an illustration, the case of a school near the city of New York, in which, on account of insufficient

food and sanitary regulations, over 300 children had been attacked by catarrhal conjunctivitis, in several of which the eyes had been destroyed.

The chair then expressed the appreciation of the members of the section, of the remarks made by Dr. Agnew.

DR. JOHNSON, of Chicago, then related a case of *Paralysis of the Abductor Muscles of the Larynx following Diphtheria*, and after the healing of the tracheotomy wound, and said that he had never heard of a similar case.

DR. SEILER said that he was not aware of the existence of any case of paralysis following diphtheria in literature, nor had he ever seen one himself. He had, however, met with a number of cases in which traumatic injury had produced the paralysis, and one case in which lead-poisoning had been the cause. He thought that perhaps inflammatory infiltration from extension of the tracheal inflammation due to the operation and irritation of the tracheal tube, might cause the paralysis, but he did think it was due to the diphtheritic poison.

DR. YOUNG, of Iowa, then made a motion to make the matter of communicable diseases of the eye the subject for discussion at the next session of the Section.

THURSDAY, JUNE 8th.—DR. TURNBULL presented a paper *On the Hearing in Children*, which was read by title and referred to the Publication Committee.

DR. SEILER made a verbal communication relating a case of *Large Fibroid Polypus* in a girl sixteen years of age. The tumor had been removed partially a year previously, but had rapidly reappeared. When he saw the case the left nostril was entirely filled with the polypoid mass, and the rhinoscope revealed a large nodulated tumor, appearing to the eye and touch like an enchondroma, in the post nasal cavity. The tumor was removed through the post nasal opening, by the Jarvis' wire snare, and proved to be a fibroma containing cartilaginous nodules. It had grown from the upper portion of the vomer, hanging by a slender pedicle.

DR. H. G. YOUNG then opened the discussion on communicable eye disease, calling attention to the difference of opinion held by authors as regards treatment, and to the necessity of proper sanitary measures to prevent the spreading of such diseases in crowded schools and tenement houses.

DR. HAZEN, of Iowa, spoke of the treatment of chronic trachoma by sulphate of copper in preference to nitrate of silver.

DR. YOUNG approved of sulphate of copper when properly and systematically applied.

DR. SMYTH, of Michigan, advocated the hot-water treatment, applied by a bottle, for an hour, twice a day.

DR. JOHNSON, of Peoria, spoke of the treatment of acute conjunctivitis, recommending the mildest applications, such as boracic acid, 6-10 grains to fl³j, to which he is in the habit of adding two drops of tr. iodine. In his opinion, purulent ophthalmias are, as a rule, treated too heroically, and recommended mild measures in this affection also. In the more chronic cases he uses the mercuric bichloride in solution; he also uses a saturated solution of sodium chloride, with tannic acid and glycerine. When trachoma has been developed, he applies the spray of hot or cold water, for eight to ten minutes, to the tract. Then he uses the solid nitrate of silver.

DR. CONNOR, of Detroit, thought that every one should contribute his experience on the subject under discussion. In his opinion, the general public should be better enlightened as to the dangers resulting from neglect of acute eye diseases, and that this study was too much neglected by the profession.

DR. JONES, of Chicago, agreed with Dr. Connor, and thought that the highest calling of the physician would

be to instruct the people as regards the danger of inoculation by discharges from the eye, especially in over-crowded dwellings, schools, barracks, etc.

DR. JOHNSON, of Peoria, thought it would be difficult to teach the general public, as they would learn only by personal and disastrous experience.

DR. DYER, of Pittsburgh, concurred with Dr. Johnson as to the importance of bringing the matter to the attention of the general public, and offered the following resolution:

Resolved, That a committee of three be appointed to consult as to the best means of bringing reliable information before the public, with a view of preventing the spread of communicable eye diseases.

Carried.

The Chair then appointed Dr. Jones, of Chicago; Dr. Dyer, of Pittsburgh; and Dr. Connor, of Detroit, as the committee, to report at the next meeting.

The session then, on motion, adjourned *sine die*.

AMERICAN SURGICAL ASSOCIATION.

Third Annual Session, held in Philadelphia, May 31, June 1 and 2, 1882.

(Specially reported for THE MEDICAL NEWS.)

(Concluded from p. 642.)

TREATMENT OF FRACTURE OF THE PATELLA.

AFTERNOON SESSION. DR. THOMAS G. MORTON said that in 1873, after having always used the usual methods with unsatisfactory results, it occurred to him to try an old pair of Malgaigne's hooks, which had been brought from Europe, upon a patient in the Pennsylvania Hospital. To his pleasure he got what he believed to be bony union. Since then he had used the same and some modifications of them in a number of cases. He showed a pair of hooks which were so constructed that the two upper or two lower could be made to approach or recede from each other. His plan was never to put the hooks on before the fourth day. He first applied lead water and laudanum, elevated the limb, perhaps used gentle compression, until the effusion and swelling were reduced, and then etherized the patient and put in the hooks, applying a splint for 24 hours, just to keep the patient still till he got a little used to the hooks. He has seen no good from keeping the hooks in over 16 or 18 days. He has never seen any trouble whatever follow the use of them; of course he would not pretend that this method was applicable to all cases of fracture of the patella. In comminuted fractures, for example, they could not be used. Again, if approximation can be secured by slight pressure of the fingers, there is no need to use the hooks; but when the separation of the fragment is wide, say an inch and a half to two inches, then they may be used with advantage.

DR. W. A. BYRD, of Quincy, Ill., thought much milder means will usually do as much good. The last fracture of the patella he saw he treated with Martin's rubber bandage, placed over a posterior splint in the manner of a figure 8. He did not have to aspirate the joint (as he usually does), and all went well. The man got bony union. If you pad the splint well, so as not to irritate the flexor muscles, you will get a good result.

DR. LEVIS, in concluding the discussion, reverted again to the fact that there are no real points or ridges on the patella to which to apply pressure, and they must be obtained at the expense of the normal relation of the parts, by putting pressure upon the soft structures, and thereby putting the muscles inserted in the patella upon a strain. As to danger, it is impossible to penetrate the joints with these hooks. The trouble is to get them well into the bone. As to the time of applying, he never does it as soon as Dr.

Morton. He waits till after ten days, because then effusion has subsided. Anæsthetics are not needed on account of the pain of their insertion, but they lessen the spasm of the muscles and permit better approximation. When separation of fragments is great, there must almost always be a rupture of the bursa patellæ. As to the dressing, he uses no bandage or dressing whatever. The body may be raised a little, so as to relax the rectus muscle. He usually puts a little charpie or oakum around the hooks; in this way he gets bony union, or what is just as good. If the cases shown are not examples of this, it is impossible to detect any separation between the original fragments.

DISCUSSION ON DR. MOORE'S SPECIMEN.

DR. J. EWING MEARS, of Philadelphia, said Dr. Moore had in his paper raised the question of false joints after subcutaneous osteotomy. Some years ago he did such an operation for pain in consequence of old luxation of the humerus. The patient was entirely relieved from pain, but died a year subsequently, when he had opportunity to make a post-mortem, and found no false joint, but bony union at an obtuse angle. The result obtained in Dr. Moore's case and his own tends to show the difficulty of obtaining false joints.

DR. MOORE narrated a case of a boy upon whom he had divided the neck of the femur, whose physician put him on a tricycle to keep up motion; and, so far from effecting this, the bone reunited firmly, and the advantage of good position, which the operation had secured, was lost.

DR. J. R. WEIST, of Richmond, Indiana, read a paper on

FOREIGN BODIES IN THE AIR PASSAGES.

This paper was statistical, and contained generalizations from over one thousand cases which he had collected. The conclusions to which he had been led differed from those of most text-books, but were founded upon a careful comparison of the results obtained by prompt surgical interference and those which followed spontaneous expulsion. His conclusions were:

1. When a foreign body is lodged either in the larynx, trachea, or bronchia, the use of emetics, erythines, or similar means should not be employed, as they increase the sufferings of the patient, and do not increase his chances of recovery.
2. Inversion of the body and succussion, though sometimes useful, are dangerous, and should not be practised unless the windpipe has been previously opened.
3. The presence simply of a foreign body in the larynx, trachea, or bronchia, does not make bronchotomy necessary.
4. While a foreign body causes no dangerous symptoms, bronchotomy should not be performed.
5. While a foreign body remains fixed in the trachea or bronchia, as a general rule, bronchotomy should not be practised.
6. When symptoms of suffocation are present, or occur at frequent intervals, bronchotomy should be resorted to without delay.
7. When the foreign body is lodged in the larynx, there being no paroxysms of strangulation, but an increasing difficulty of respiration from œdema or inflammation, bronchotomy is demanded.
8. When the body is movable in the trachea, and excites frequent attacks of strangulation, bronchotomy should be performed.

DR. MEARS told of a case where he had been removing a tongue, and an assistant let a sponge, which was not firmly enough attached to a probang, drop into the patient's larynx. He opened the trachea at once—not by dissection, but by plunging the knife boldly into the

trachea. He also narrated some particulars of a case which had been under treatment for serious pulmonary disease. The boy was one day swinging, when he fell out upon his face on the ground, where a penny was found which he had then expelled from his lung. After this all the symptoms gradually disappeared and the patient got well. He also told of a case in which a distinguished surgeon operated, and the instant the trachea was opened a coin was expelled from the wound.

DR. W. T. BRIGGS, of Nashville, then read a paper on

THE ANTISEPTIC TREATMENT OF WOUNDS AFTER OPERATIONS AND INJURIES.

After a review of the germ theory and coming to the conclusion that this is not established, he laid stress upon the distinction between antiseptic surgery and Listerism. As was said at the International Medical Congress of 1881, all good surgery is antiseptic: he wished it could also be said that all antiseptic surgery is good. The antiseptic treatment of wounds after operations and injuries is not limited to Listerism or any other special method, but is based upon broad general principles, and the use of carbolic acid has other effects than those of an antizymotic. Antiseptic surgery embraces every condition or agent that tends to prevent putrefactive changes in wounds, or to remove or neutralize the evil effects of such changes when they have occurred. The antiseptic treatment of wounds, properly considered, consists, first, of such means as will restrain inflammatory action within reparative bounds; and, second, of such means as will subdue excessive action, and remove or neutralize the effects of destructive inflammation. How may a surgeon confine the act of healing to an active reparative effort? To do this always is impossible; but certain precautions are of value. No patient should undergo a capital operation without a careful preparatory treatment. Every weak part of the system should be supported. If this cannot be secured, the greatest care must be taken after the operation. He would arrange that the wound should have all foreign bodies kept away from it. Cleanliness is not simply the removal of dirt; but of everything that can be injurious. Drainage and proper coaptation are of the utmost importance. Rest and control of circulation should be secured by well-regulated compression. Moderate and uniform temperature should be maintained.

When excessive inflammation does occur, all efforts must be made to restrain it. Every method good for regulating healthy action will contribute to the correction of excessive action. One method will not do for all sorts of cases, and therefore it is not necessary or useful to apply to fresh surgical wounds the same treatment as is suited to old and putrefying wounds. If such wounds are closed, they must be provided with the means of thorough drainage.

DR. E. M. MOORE said he is now making a series of experiments in regard to antiseptic surgery. All know the better results of subcutaneous surgery. Now the thing to be secured is to make such modifications as shall give to external surgery the advantages of internal, and this is what Mr. Lister also aims to do. He has performed ovariotomy four times in the following way. (He lost two of his patients, but not by peritonitis.) He passes carbonic acid gas into the place where the operation is performed, and merely occupies the place of the air with the carbonic acid. Thus, instead of attempting to purify the air, he pre-occupied its place with carbonic acid gas. He claimed that whenever a profuse hemorrhage cleans a wound out, and a discharge of serum soaks the dressing placed over it and then dries, we have a simple but complete form of natural antiseptic dressing.

DR. H. F. CAMPBELL said he felt constrained to mention his experience and his invariable practice—whether it is because he lives in what is called a malarious district, or for some other reason, dependent on early training, he could not say. He administers quinia in all grave surgical cases until he produces cinchonism, and this he maintains for some time. He does not believe that germs provoke inflammation, and that the good effect of carbolic acid depends upon the fact that it kills them, but that inflammation and suppuration are due to reflex irritation, and that for this reason opiates often prevent inflammation, and that carbolic acid does good because it obtunds the peripheral sensibility. To his plan he attributes the fact that he has little suppuration, and very rarely such a thing as a metastatic abscess.

THIRD DAY.—FRIDAY, JUNE 2D.

THE MUSEUM AND LIBRARY OF THE SURGEON-GENERAL'S OFFICE.

DR. D. W. YANDELL, of Louisville, Ky., offered the following resolutions, which were adopted:

Whereas, The American Surgical Association, in its annual session at Philadelphia, on June 2, has learned with deep regret that the Senate Committee on Appropriations has reduced the annual appropriation for the Museum and Library of the Surgeon-General's Office from \$10,000, as passed by the House of Representatives, to \$5,000; therefore,

Resolved, That the President and Secretary are hereby instructed to communicate to the United States Senate the opinion of this body that such reduction would be extremely unwise, by hampering the growth of the museum and library, in which the people of the whole civilized world are deeply interested, because through these collections the knowledge of the science and art of medicine and its application to the relief and cure of disease and injury are being vastly increased and diffused for the benefit of all mankind; and that now to cripple this work which the Government has in its power to develop, by a reduction of appropriation, would be to retard the unfolding of resources to successfully combat disease and injury, and to impair the growth of an institution regarded as an enduring monument of the philanthropic liberality of the American nation.

Resolved, That these collections, which are unrivalled in their richness and usefulness, are a source of just national pride, and as they are a benefit beyond price to the whole people—for all men are subject to disease and injury—they are especially worthy of the fostering and liberal care of a Government of the people.

THE NOMINATING COMMITTEE

now made its report through its Chairman, PROF. CABELL.

At its conclusion, DR. GROSS, who had been nominated for a second term in office, arose, and, in a voice tremulous with emotion, said:

"Before this report be acted upon by the Association, I desire to offer a few remarks respecting my nomination for the office of President. While I am fully sensible of the high honor which the Committee have intended to confer upon me, by placing me at the head of their ticket, I hope and trust that they may be induced to reconsider the matter, and select some other Fellow for the position. I claim no pre-emption right to this office, and I have certainly occupied it long enough. The action of the committee is at variance with the genius of our republican institutions, and the habits of the American people. Rotation in office is, always has been, and always will be, the order of the day, not only among politicians, but among scientists

and professional men. It is right it should be so, for the expectation of office is an incentive to exertion. The object of my highest ambition, as it respects this Association, has been accomplished. Its success is fully assured, and I retire from the chair, which I have occupied during the last two years, with feelings of no ordinary emotion. We have done a noble work, a work which far exceeds my most sanguine expectations, and which, if I do not greatly err, is destined to pass into history.

"The establishment of an Association which should bear a National name, and embody in one harmonious whole the surgical talent, experience, and wisdom of this great country, had long been one of the cherished objects of my ambition. No opportunity, however, of a favorable nature for carrying my design into effect occurred until the meeting of the American Medical Association, at Atlanta, in May, 1879. Calling around me three distinguished friends, Profs. Gunn, Briggs, and Dawson, all widely known as great surgeons, I disclosed to them my scheme, and succeeded at once in enlisting their hearty sympathy and support. It was agreed that on the following day, immediately after the adjournment of the surgical section of the Association, I should, in a brief speech, lay our plans before that body. This having been done, the meeting was organized by the appointment of the eminent and venerable Dr. Dugas, of Augusta, Professor of Surgery in the Medical College of Georgia, as Chairman, and Professor Dawson, of Cincinnati, as Secretary. Brief addresses were made by different gentlemen, all cordially approving of the objects of the meeting, but for reasons which need not now be mentioned, nothing further was done on that occasion. Before, however, parting with my immediate associates, it was determined that we should send a circular to the principal surgeons of the United States, setting forth our plans, and inviting their co-operation at a conference to be held at New York during the sitting of the American Medical Association in June, 1880. At this meeting Professor Sayre, on my motion, was placed in the chair, and nearly fifty gentlemen registered their names, a temporary organization being effected by the adoption of a constitution and the election of officers. I had the honor to be put at the head of the list. Professor Dugas was elected first Vice-President, and the late lamented Professor James R. Wood, second Vice-President. The next meeting, one also wholly of an executive nature, took place at Richmond, Virginia, in May, 1881, at which it was resolved that the first regular meeting for the transaction of scientific and practical work should be held at Coney Island the following September. Although this meeting was slimly attended, it performed useful work, and laid the foundation of the present meeting, which has eventuated in such a triumphant success.

"Thus, Mr. Chairman, it will be perceived that what promises to become, if it not already is, a great and useful, and, we hope, an enduring Society, had, like all similar enterprises, a small and humble beginning, with not a few early struggles and trials. Before I resume my seat, let me again entreat the Association to withdraw my name from the list of officers."

When Dr. Gross sat down DR. D. W. YANDELL, addressing the Chair, spoke as follows: "What is writ is writ, what is done is done. When the Nominating Committee, of which I was a member, and for which I rise to speak, met, it instinctively on the instant, and unanimously, chose the venerable surgeon, who has just spoken, for the highest office, the first place in the gift of the Association. The Committee, sir, selected him as his own successor, and in doing so we felt that our action did not express the wishes of this body alone, but that it expressed the sentiment of every true man

in the profession in America. Had the Constitution of the Association conferred upon us the power, we would have put on him the royal purple, and, hailing him chief among all, have bid him wear it for life; for, having worn the sceptre, we wished that the hand which had plucked such enduring renown for home surgery should continue to wield it—a hand, the skill of which an age bordering on four-score years has not yet impaired, and the frank and cordial pressure of which no man has ever felt without feeling the better for it.

"As the founder of this Association, he opened up possibilities for surgery for which we wished to thank him.

"As the father of modern American surgery, we wished, as dutiful children, to convey to him in our report some idea of the respect and reverence we felt for him personally, no less than our appreciation of his labors in the science which he has done so much to create, to enlarge, to illustrate and adorn, and of which to-day he is so complete an embodiment. And in what we did, Mr. Chairman, we felt that we were uttering the sentiment not of the profession of this country alone, but that in tendering him fresh honors, the action would be approved by workers in surgery throughout all the world.

"Sir, the deeds of this our Fellow, whose name is now again offered you for the presidency, are great deeds, and 'great deeds cannot die. They, like the sun and moon, renew their light forever.' And we have all been blessed by looking on those of him whose term of office having first expired, we now propose again to renew.

"We are fully aware that, did Dr. Gross consult his own wishes, he would, on laying down the cares of office, not willingly resume them. But he must, in this case, yield his wishes to ours; for the united desire of the profession to which he has given his undivided life possesses, let us believe, the force of a command. Ordinarily, fathers direct their children. Here the children, through love, command the father. In this spirit, then, the Committee cannot allow Dr. Gross to decline the office which they have laid at his feet. And in a career of unsurpassed usefulness and of unequalled splendor, crowned both at home and abroad by every possible honor, the Association would fain believe that this, though the most recent, tribute to his worth shall not be esteemed by him to be the least.

"In conclusion, the Committee, acting for the Association, and speaking for the profession at large in the United States, not only declines to withdraw the name of our beloved founder, but begs here to declare that he is unanimously again chosen President of the American Surgical Association."

The following officers were then elected to serve for the ensuing year: *President*, Prof. S. D. Gross, of Philadelphia; *Vice-Presidents*, Dr. E. M. Moore, of Rochester, N. Y.; and Prof. Moses Gunn, of Chicago; *Secretary*, Dr. J. R. Weist, of Richmond, Ind.; *Treasurer*, Dr. John H. Packard, of Philadelphia; *Recorder*, Dr. J. Ewing Mears, of Philadelphia; *Council*, Dr. R. Beverly Cole, of San Francisco, to serve for one year; Dr. George W. Gay, of Boston, for two years; Dr. H. F. Campbell, of Augusta, Ga., for three years; and Dr. Hunter McGuire, of Richmond, Va., for four years.

REMOVAL OF BREAST FOR CANCER.

DR. S. W. GROSS exhibited four patients from whom he had removed the mammary gland on account of carcinoma. His object in bringing the cases before the Association was to demonstrate the condition of the cicatrices at various periods of the operation; as it had been theoretically urged at a former meeting that

the thorough operations practised by him might be followed by morbid conditions of the cicatricial tissue.

Case I.—In the first patient the cicatrice is soft, mobile, of a natural tint, and hardly an inch in width. The entire breast, with its coverings, the pectoral fascia, and a mass of axillary glands were removed on the 4th of September, 1878. Forty-five months have elapsed since the operation, and there is not the slightest evidence of recurrence. At the date of the operation the woman was forty-eight years of age.

Case II.—On the 6th of August, 1879, or thirty-four months ago, Dr. Gross extirpated the entire breast of a married woman thirty-nine years of age. The axillary glands, on exploration, were found to be free from involvement. The huge wound had entirely closed in thirteen weeks. The cicatrice, which is at its widest part nearly three inches broad, is soft, mobile, and free from discoloration. The disease has not recurred.

Case III.—Dr. Gross removed the entire breast and ten axillary glands from a married woman forty years of age, on the 28th of December, 1881. The breast was small, and the tumor ran from above downwards and inwards toward the nipple. The edges of the wound were united, but subsequently reopened; and the cicatrice, which is still red, is only half an inch wide. There has been no recurrence of the disease.

Case IV.—Dr. Gross removed the entire breast of a single lady forty-five years old, on the 1st of March, 1882. The axillary glands were not affected. The cicatrice is scarcely an inch wide; but, in consequence of too early and too frequent use of the corresponding arm it became the seat of several superficial excoriations. The patient is free from recurrence.

DR. J. C. HUTCHISON, of Brooklyn, then read a paper on

HIP-JOINT DISEASE,

in which he laid great stress on the importance of rigidity as an early symptom. He then recommended his method of taking off pressure from the joint by means of the weight of the limb itself, kept clear of the ground by a high-soled shoe on the sound side and crutches. As a substitute for the high shoe, Dr. Lewis suggested flexing the leg of the diseased side at a right angle, so that the other foot could act more naturally. This useful suggestion the writer of the paper thought he had somewhat improved by bending the leg to an angle of 45°, and keeping it in that position by a splint made of cardboard moulded so as almost to encompass the thigh and leg, and strengthened at the back with a flat steel bar. This method he advised for all stages of hip-joint disease, except when the patient was too weak to be out of bed. Such he would treat with rest in bed, with extension by a weight and pulley.

DR. BASIL NORRIS, U. S. Army, inquired whether Dr. Hutchison recommended the splint applied to the back and thigh.

DR. HUTCHISON.—You mean Mr. Owen Thomas's splint. No; I only use the high shoe and crutches, or the splint I have just shown and crutches.

DR. FOREST WILLARD urged the importance of early diagnosis. The cases that go on until any one can recognize them are very hard to cure. But he has seen many cases where the disease has been recognized very early and the best results of treatment obtained. Early rigidity is pathognomonic of hip-joint disease, and wherever this is seen the little patients must be treated as if they had hip-joint disease. Then it can be cured. He advocated the use of a fixed dressing—starch, silicate of soda, plaster, or anything to fix the joint.

DR. KINLOCH doubted theoretically the advisability of flexing the leg, because then the femur would be in danger of sudden rotation by blows upon the leg.

DR. LEVIS explained that he did not insist on the flexing of the leg to a right angle. Any flexure which would prevent its touching the ground in walking would suffice.

DR. HUTCHISON, in closing the discussion, said that he had not found Dr. Willard's suggestion in regard to using a firm dressing necessary, and he did not use it for two reasons. In the first place, it did not hold the joint immovable—he had never seen an apparatus which could. In the second place, nature does this herself. The trouble is not to fix the joint, that is what nature does better than art can. By his method he has not found it necessary to use extension at night. To refer to Owen Thomas's splint, he would give his reason for objecting to it. It is a very good splint in many ways. There is none that fixes the joint better, but one who wears it can never sit down. He must either stand or lie. He cannot defecate in the natural position without removing it, and all its inconveniences outweigh, in his mind, its usefulness.

DR. H. F. CAMPBELL, of Georgia, gave a short abstract of a paper on

THE RADICAL CURE OF TRAUMATIC INFLAMMATION BY ANTIHLOGISTIC ARTERIAL LIGATION.

He made the point that the tying of the main artery of a limb in which a destructive inflammation is taking place will check the inflammation by controlling the circulation and reducing it nearer to a healthy standard, and that in this way a limb in which all the signs of commencing gangrene are present, may be made to take on healthy action and be saved. He would not go into the matter in full, but he wanted to put the idea on record. The ligation was different from the use of the tourniquet or digital compression, because it left the venous system open for drainage. He wished to state that he had actually seen a limb, already gangrenous, in which he ligated the femoral artery at the apex of Scarpa's triangle; the second day the swelling was much reduced; the third day the sanguous discharge was replaced by laudable pus, granulations were forming, and eventually the limb was saved. This case was but a type of some fifteen, of upper and lower extremities, which he had saved in this way.

He held that no hand, no forearm, no arm, no foot, no ankle, no leg, should ever be amputated for gangrene or traumatic inflammation without first considering the propriety of making an experimental ligation of the artery supplying the limb, *unless* there should be such disorganization as to make it impossible to save it.

DR. GUNN. "To cut off the only supply of the limb?"

DR. CAMPBELL. "I thank you for that question. My theory is that when a limb is swollen and turgid with blood and gangrene is threatening, it is not from too little, but from too much, blood. Cut off all but the collateral circulation and you correct the turgescence. We are instructed in this matter by the phenomena of aneurism. When we tie a main artery for a gunshot wound, we may have gangrene, because the system is unprepared; the cut-off is too sudden. But in aneurism the general conditions of the part prepare the patient for the operation. So in commencing or threatening gangrene, we have every blood-vessel swollen and dilated, and when the main artery is ligated, this cuts off only the excess of blood, leaving enough to go through the collateral circulation to nourish the limb. The effect is at once to relieve tension and put the whole in better condition. It can hardly be believed what results."

DR. BONTECOU, of Troy, N. Y. "Would not deep incisions through the deep fascia accomplish the same result?"

DR. CAMPBELL. "As far as tension alone goes, it might. The relief of tension is not the main point of my theory,

but the relief of engorgement. Yet the tension in such cases is different from ordinary tension. Not only is a muscle or any other tissue tense, but every fibril, every cell, every atom, so to speak, is swollen, and no way of relieving this is so effectual as to cut off the arterial supply."

AFTERNOON SESSION.—The Secretary, Dr. Weist, read for Dr. SENN, of Milwaukee, an account, and showed a specimen, of a case which he called

"INTRACAPSULAR FRACTURE OF THE NECK OF THE FEMUR, WITH BONY UNION."

The patient was 75 years old, fell upon her left trochanter, and sustained what Dr. Senn diagnosed as an impacted fracture of the neck of the bone. The treatment consisted in placing her on her back, with sand bags applied. She went about on crutches at the end of three months, and walked without crutches and without pain at the end of a year. There was one inch shortening. Motion in joint limited. When she died, about a year after the injury, he obtained a *post mortem*, and secured the specimen submitted, in which the line of union could be traced, and the fact established that it was union after an intracapsular fracture.

DR. GUNN said that bony union after intracapsular fractures are so rare that each claimant challenges the closest scrutiny. After carefully examining the specimen presented, he could not see any evidence of the impaction, and he was satisfied that a part of the inner fragment was outside of the capsular ligament, and therefore had received other nourishment than that obtainable through the ligamentum teres. To an inquiry of the President, he replied that he had never seen a case of bony union after an intracapsular fracture of the neck of the femur, and never expected to.

THE PRESIDENT said he had never seen one, and never expected to.

DR. J. EWING MEARS then read an account of some experiments he had made with Dr. Morris Longstreth, on the

INTRAPERITONEAL METHOD OF TREATING THE PEDICLE IN OVARIOTOMY.

After speaking of the various methods of ligation, torsion, acupressure, clamping, etc., and having referred to the investigations of Spiegelberg and Waldeyer, he described some experiments he and Dr. Longstreth had made, removing the ovaries of rabbits, using ligatures of various kinds, and returning the pedicle into the abdominal cavity. The results seemed to show that catgut ligatures applied only tight enough to control the vessels stayed in place, became encapsulated, and were after awhile absorbed, without giving rise to any evidence of peritonitis. Silk ligatures resisted the disintegrating action of the tissues longer than catgut.

DR. W. A. BYRD advocated simple torsion. After the results he had seen in Guy's Hospital, he used torsion very largely, and he believed it was the best way of treating divided vessels.

DR. GUNN inquired if it would not be worth while to make some experiments with vegetable fibre.

DR. MEARS said he hoped to add this to his other experiments soon.

MISCELLANEOUS BUSINESS.

The President, Dr. Gross, then appointed Drs. Weist, Bontecou and Mears a Committee on Obituary Notices, to be read at the next meeting.

Resolutions of thanks were passed to the College of Physicians of Philadelphia for the use of their Hall, to the surgeons of Philadelphia for their social hospitality, to the exhibitors of surgical instruments, and to the Committee of Arrangements for their labors to make the session of the Association a success.

The President, Dr. Gross, after a few farewell remarks, then declared the meeting adjourned.

The next meeting will be held in Cincinnati, in May, 1883.

NOTE.—By an oversight the name of Dr. Phineas Horwitz, U. S. N., formerly Chief of Bureau of Medicine and Surgery, was omitted from the list of Honorary Fellows elected at this meeting.

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, June 6, 1882.

E. C. SPITZKA, M.D., PRESIDENT IN THE CHAIR.

DR. GRAEME M. HAMMOND exhibited an interesting case of Addison's disease, and a sister of the patient who manifested progressive muscular atrophy.

DR. V. E. BRILL communicated a detailed report of a case of *Destructive Lesion of the Cornea accompanied by Color-Blindness.*

DR. J. LEONARD CORNING then proceeded to read his paper entitled

CAROTID COMPRESSION AND PHYSIOLOGICAL BRAIN REST, which was as follows:

Mr. President and Gentlemen: It is now more than a year since, guided by certain considerations of a theoretical nature, I began a series of experimental researches, which it is my duty and privilege alike to submit to the courteous consideration of your honorable body this evening.

In a short summary published some time since, and more particularly in a monograph of more recent date, the salient features of those investigations have been alluded to at some length. It is necessary, however, in order that the considerations which constitute the base of this paper may not lack in correctiveness, to refer briefly once again to those early experiments which gave rise to the protracted series of after-investigations, upon which, in great measure, is founded the system of induction which constitutes the basis of the views to be advocated this evening.

Having observed, namely, the extreme degree of venous hyperæmia and carotid throbbing which epileptics exhibit during the attack, I could not help asking myself the question: Is there not some causative influence exercised by this engorged condition of the central nervous system upon the further continuance of the attack, and upon the persistence of the series of spasmodic phenomena which constitute the status epilepticus. Acting upon this *a priori* reflection, I determined if possible to allay the condition of cerebral engorgement, and to observe the effect thus produced upon the convulsive appearances. The best and most direct method of allaying the hyperæmic condition of the ganglia which suggested itself to me was compression of the carotids. Accordingly I compressed firmly with my thumb and finger both the carotids of an epileptic, who had but recently entered upon a series of violent paroxysms. After the lapse of about five minutes, the convulsions were entirely checked, and the patient remained in a perfectly conscious condition. The usual persistency of the status epilepticus in this case was from thirty to forty-five minutes. An interesting fact which I noted on this and many subsequent occasions was the rapid development of fulness in the radial pulse. This progressive fulness of the peripheral arteries is the usual precursor of approaching consciousness and cessation of the convulsions. Subsequently I essayed digital compression on several occasions; but soon became aware of the inherent defects of this method of executing arterial compression, which are especially evident during very violent convulsions, when, owing to the excessive spasm

of the cervical muscles, it is quite impossible to exert the necessary amount of pressure. After pondering for some time the best means of overcoming this obstacle, it finally occurred to me that an instrument might be constructed which would enable the operator to employ his strength in the most advantageous manner.

The instrument, Fig. 1, for temporary compression of the carotid, which I present here this evening, is

FIG. 1.



a great improvement on the first model which I devised, and of which a description was published some time since; it is manufactured by Mr. W. F. Ford, of this city. The following brief description will give a sufficiently accurate idea of its construction. Two curved metallic armatures, to each of whose extremities is attached a pad, can, by means of a screw, provided with a detachable key, be placed at any desired angle. The object of this device is to permit of so arranging the pads that the artery is compressed away from the jugular vein, and in the direction of the spinal column. The other extremities of the curved armatures are attached to a handle by means of an Archimedian screw, which transfixes the latter in its entire length. By rotating the button, which is attached to the disengaged end of the screw, the curved armatures can be extended or approximated at will. This instrument I have repeatedly employed, and can only say that it seems to fulfill all possible indications for temporary compression.

The portion of the common carotid artery which for topographical reasons is best adapted to compression, is situated opposite a point, which is located slightly above the juncture of the thyroid with the cricoid cartilage. Compression should not be so severe as to cause entire closure of the lumina of both arteries, as by so doing general convulsions may be induced, should the connections between the vertebral and carotid systems not be sufficiently developed to meet the sudden and unwonted circulatory exigencies.

After convincing myself on numerous occasions that it is usually possible to arrest the convulsions peculiar

to epilepsy by temporary compression, I began a series of reflections as to the nature of epilepsy itself. It is not my purpose to discuss those considerations on this occasion even did time admit of it; they have been published elsewhere. Suffice it to say that, after mature reflection, I essayed *prolonged* compression of the carotids, with the result of preventing attacks for days and weeks—in some instances where patients were having two or three seizures every twenty-four hours. The instruments which I first devised for protracted compression were somewhat primitive, but I have continued to improve upon these early models until an instrument has been obtained which seems to fulfill all the indications.

This instrument (Fig. 2), while being simple in construction, represents a very great improvement on the truss, which I have employed with many other

FIG. 2.



mechanical devices for a year past. It consists of two semi-circular springs, one of which is provided with a longitudinal slot. Through this slot passes a screw that is securely imbedded in the periphery of the second spring, which lies directly below and in perfect apposition with the first. By sliding one over the other, the radius formed by the two springs may be increased or diminished at will, while by tightening a nut, with which the screw is provided, they may be held in any desired position. To each of the free extremities of the springs, which are united by an elastic band secured to the ends of two detachable armatures, is attached, by means of a ball-and-socket-joint, a delicate pad. The ball of this joint is fastened to a screw which can be lengthened or shortened at will. The pads can be moved to and fro by means of a short longitudinal slot, and secured in position with a screw. These anterior slots afford a fine adjustment. The region of the artery to be selected for permanent compression is precisely the same as that to be chosen in temporary compression. The pads should be so arranged that their *superior* margin is situated about opposite the juncture of the thyroid with the cricoid cartilage. (Vide Fig. 3.)

FIG. 3.



To the remarkably beneficial effects which carotid compression exerts on the vaso-motor mechanism, as exemplified by the great improvement which takes place in the peripheral circulation of dementes and epileptics, upon the employment of this method of treatment, I have referred to in a publication of recent date.

(*Vide "Carotid Compression and Brain Rest," Randolph & Co.*) It was after a protracted series of experiments with epileptics that I first conceived the idea of ascertaining the effects of carotid compression on various degrees of mental excitement. My first investigations in this direction were in connection with patients who, at the time I began my experiments, were suffering from severe maniacal excitement, and here I will briefly recount a case of this character, which I have elsewhere referred to, but which I trust may not be out of place on this occasion, as it graphically illustrates the baneful irritative effect of excessive cerebral hyperæmia on the one hand, and the benignant influence of physiological anæmia, induced by artificial tonus, applied to the carotids on the other. The case in question was that of a man who was a sufferer from a most violent and protracted attack of mania. He had slept but little for weeks, although taking large doses of hyoscyamus and chloral. This patient was violent and destructive, tearing and breaking everything within his reach. In order to adjust apparatus to this man's neck, I was obliged to have him restrained by a number of attendants; his mental and motor excitement were something frightful to contemplate. His face was much distorted and flushed, and both conjunctivæ injected. I applied compression to his carotids while he remained in a sitting posture. After the lapse of a few moments, his cries and struggles ceased, his eyelids drooped, and he began to oscillate to and fro upon his chair. In this condition he suffered himself to be led to his bed. There he remained quietly upon his back, evincing all the symptoms of drowsiness. In a shorter time than it takes to relate it, he was wrapped in slumber. This repose had all the characteristics of physiological sleep. Respiration was deep and perfectly regular. There was not the slightest cardiac irregularity or disturbance whatever. Patient continued to sleep for several hours, and when at last he awoke, appeared much refreshed. I have employed compression many times since, with the object of placing the brain in a condition favorable to sleep and rest, and with an eye to limiting ganglionic activity by controlling the degree of metamorphosis within the plasma of the cerebral substance itself. That psychical motor energy and consciousness itself are directly or ultimately dependent on the adequate magnitude of the blood supply in the brain for their maintenance, it would be the very acme of folly to deny. These facts have been repeatedly demonstrated in the operation of bilateral ligation of the carotids, in the excessive derivative depletion that has sometimes been practised with Junot's apparatus, and in cases of great loss of blood by traumatic haemorrhage.

In the monograph referred to above, I have quoted at length Dr. Hammond's remarkable case of cranial injury. On the present occasion I am prevented by lack of time from referring to this interesting case at length. Suffice it to say, however, that Dr. Hammond observed that the scalp above an extensive cranial fissure was depressed during sleep and elevated during wakefulness, thus proving beyond the shadow of a doubt the relative anæmic condition of the brain during sleep, and the comparatively hyperæmic condition of the organ during wakefulness. As for myself, I can truly say that I have found it quite impossible to carry on any species of arduous mental exertion while my carotid arteries were compressed to any considerable degree.

The phenomena observable on augmenting more or less rapidly pressure upon the carotids are substantially as follows:

1. Facial pallor.
2. Drooping of the eyelid.
3. Decrease in rapidity of respiration.

4. Dizziness and frequently well-marked soporific tendency.

5. In very anæmic persons frequently syncope, and if compression be very severe, so that the lumina of the arteries are almost entirely closed, general convulsions may be induced.

What measure of inconstancy actually does exist, particularly in the latter symptoms of the above group of phenomena, is adequately accounted for by the well-known variability in the anastomotic connections between the vertebral and carotid systems at the circle of Willis.

More recently I have employed carotid compression in conjunction with Junod's apparatus, hot bath to the feet, and ice bags to the head and spine. I have also made some experiments with compression in conjunction with inhalations of chloroform, ether and nitrous oxide gas. On this subject I shall have something to say on a future occasion.

When compression is employed for the purpose of allaying those hyperæmic conditions of the brain, which by causing irritation prevent the occurrence of physiological sleep, great care should be taken to eliminate all sources of sensory excitation. The apartment should be carefully darkened; all discordant noises are to be carefully excluded; the monotonous ticking of a clock or metronome, however, are, as is well known, well calculated to promote rather than to dispel sleep. In this connection it is necessary to bear in mind that what is sought after in compression is not to cause stupor, but to place the ganglia in such a condition, by reason of the reduced blood-flow that a diminution of inter-plasmatic activity first becomes a possibility and finally a necessity.

If, then, it be admitted that the ganglia are directly or ultimately dependent for their functional activity on the good offices of the blood-stream, it becomes perfectly evident that *limitation of blood-supply means curtailment of ganglionic function*. When it is furthermore considered that those reparative processes within the ganglia themselves are best performed while the organ is in a state of comparative anæmia, I cannot repress the conviction that in carotid compression we possess the true physiological throttle-valve of psychical and motor energy. Upon the great physiological principle, then, that the extensity and intensity of ganglionic activity are ultimately dependent upon the magnitude of the blood-supply, I believe should be founded every rational system of brain rest. As a matter of course, the avowal of this conviction does not exclude the employment of sedatives, more particularly where there is a state of irritation within the ganglion cells themselves. I have myself employed carotid compression, in conjunction with *very* moderate doses of the bromides, as well as of hyoscyamus and chloral, and I have seen small doses of these drugs, which by themselves had remained ineffective, produce most excellent sedative effects when employed in conjunction with carotid compression, and herein lies a prime indication for the use of compression of the carotids. It is *not*, I believe, a procedure which is destined to displace the existing employment of certain powerful drugs. The beneficial results to be anticipated from it are, on the contrary, the possibility of curtailing the dose of certain powerful remedies, such as bromides, hyoscyamus, chloral, etc. As an antiphlogistic in the inflammatory invasions which attack the meninges, I believe that arterial compression has a future. In cerebral haemorrhage it might prove useful. Whether it would prove useful in arresting the growth of tumors is of comparatively minor importance.

The propriety of employing compression in those functional troubles so ably described by Dr. Beard, in his work on "Neurasthenia," is self-evident. Derange-

ment of cerebral circulation is one of the most common phenomena in these disorders, and Dr. Beard has called attention to the evidence of this morbid condition of the vaso-motor centres, where he describes the extraordinary facial flushings often present in these cases. When the intimate relationship, which congestive phenomena sustain to epilepsy, hysteria, and other neuroses, is borne in mind, and when we consider the grave circulatory derangements which are so prominent a feature in these diseases, the necessity of treating all *early* morbid circulatory derangements, before they result in profound organic changes, is evident.

DR. WM. A. HAMMOND was perfectly willing to admit that a practical point like Dr. Corning's was of more value than any amount of abstract reasoning, but he was unable to explain the efficacy of carotid compression in epilepsy, as the initial lesion in that disease was one of anæmia. Some years ago, said Dr. Hammond, I was in Rochester walking down the street with a physician who had charge of the Alms House, where they had many epileptics, and he said he stopped their fits by putting a rubber band about their necks. His theory was that the beneficial results were due to compression of the veins. I tried it in one case with good result. Dr. Corning comes to us with an exactly opposite theory, and with admirably constructed instruments for carrying it out. I shall certainly try them in view of the practical results he has already obtained by their use.

DR. PETERS thought that compression of the carotids could avail but little, when, as was known in epilepsy, there was universal spasm of the arteries of the brain.

DR. LOUDON CARTER GRAY called attention to the experiments of Volk, who in a number of cases of epilepsy in the lower animals was unable to find any constant vascular condition of the brain during life. Of course instruments like those of Dr. Corning's might do temporary good to unstable cells, but as to their curing epilepsy, or permanently effecting the condition of these cells, he thought it was one of the metaphysics of neurology.

DR. G. M. HAMMOND, having read Dr. Corning's monograph on "Carotid Compression and Brain Rest," was prompted to try temporary compression in a case of corea occurring in a girl thirteen years of age; the result was entirely satisfactory.

DR. M. JOSIAH ROBERTS had become somewhat familiar with Dr. Corning's ideas through repeated conversations with him, and had made use of digital and instrumental temporary compression of the carotids in a number of instances. His first patient was one who had been suffering severely from an intense throbbing headache for more than seven hours. Her face was flushed, conjunctivæ injected, and tears stood in her eyes. It was in fact a very severe case of congestive headache. With one of Dr. Corning's earlier instruments he made firm pressure over both carotid arteries for forty-five seconds, when the patient declared her headache had entirely ceased. One week later she reported that there had been no re-occurrence of the trouble. The next case in which he tried it was one of old-fashioned tic douleuroux of six years' standing. He firmly compressed both carotids for more than ten minutes, but without the slightest amelioration of pain. He had also used instrumental compression in epistaxis when occurring idiopathically and in consequence of surgical operations upon the anterior nares, and with the happiest results. On one occasion, when suffering from a severe congestive headache, Dr. Roberts applied to his neck one of Dr. Corning's carotid truss, and used it in conjunction with a hot foot bath. At the expiration of about ten minutes the pain in his head had nearly abated. Feeling drowsy, he removed the truss, laid it by his pillow, and fell asleep. In the

morning he awoke refreshed and without a head symptom. Dr. Roberts had used digital compression of the carotids as an adjuvant to etherization in twelve cases. It appeared to hasten the process. He could not say whether less ether was required. Forceful compression was of undoubted service in quieting the patient during the stage of excitement.

As an euthanasia, Dr. Roberts had made use of digital compression of the carotids in one instance. Being called to the bedside of a hemiplegic child, of three and a half years, who was writhing in convulsions, who had for more than two years been a great sufferer, and whose death was inevitable within the course of a few hours; he compressed very gently both carotids, when the convulsions immediately ceased. Just previous to this procedure he had obtained a similar effect by causing the child to inhale small quantities of chloroform. Upon removal of the fingers the convulsions returned. They would cease again by compression of either the right or the left carotid, or both together. Having determined this much, he gently compressed both carotids for about five minutes, when the child without struggle or sign of pain ceased to breath. An over-excitable and nervous mother was thus spared the pain of seeing her child die amid agonizing convulsions. When she thinks of those last moments, the picture of a horrible death will not present itself to her mind, but it will be that of an innocent child passing away in a state of painless unconsciousness.

Dr. Corning closed the discussion, and the Society adjourned.

CORRESPONDENCE.

THE PHYSIOLOGICAL DESQUAMATION OF VASCULAR ENDOTHELIUM.

To the Editor of THE MEDICAL NEWS.

SIR: My attention has been directed to some remarks made by Dr. Shakespeare in your issue of May 20. In speaking of inflammation in the bloodvessels, this writer claims priority in regard to certain views which I had announced as originating from personal observations.

My views on endothelial desquamation were first published in a paper on "The Histology of the Blood-vessels" (*New York Med. Journ.*, July, 1880), and again, in a somewhat amplified form, in *Satterthwaite's Manual of Normal Histology* (New York, 1881).

Dr. Shakespeare's views, on the other hand, were first expressed in an essay on "Reparatory Inflammation," etc., published in 1879, in the *Smithsonian Miscellaneous Collections*, No. 321; and the same opinions and observations, he informs us, "were also recorded in the editorial addenda in the American translation of Cornil and Ranvier's *Pathological Histology*, published January, 1880." It would thus seem that, however unwittingly (for Dr. Shakespeare very justly assumes my ignorance of his observations), I had yet made myself guilty of a plagiarism. But I shall presently show that what Dr. Shakespeare has observed, and what I have seen, are two entirely different things, and that my views are by no means identical with the opinions expressed by him. He is apparently much chagrined that my reviewers, both here and abroad, have awarded me "what credit there may attach to an original positive observation," while not the slightest reference is made to his researches, which, nevertheless, are supposed to antedate mine. This fact alone might have sufficed to convince him that, either his observations were not generally known, or else being known, were not understood to cover the same ground that mine did.

Nor can the significance of his observations be so stretched as to include the views advanced by me. Indeed, although at the time of writing my paper, as already stated, I was unaware of Dr. Shakespeare's investigations, I would even to-day, having carefully studied them, deem reference to his views as wholly superfluous.

Briefly told, what Dr. Shakespeare saw and described was the proliferation of the intima of bloodvessels under pathological conditions, and what I felt justified in assuming, was the occurrence of desquamation of vesicular endothelial cells within physiological limits. I never claimed that I actually observed any such process. But from observations made years ago while studying abroad, I felt justified in concluding that endothelial desquamation was a normal process, representing a physiological function of the inner coat of bloodvessels. Moreover, I advanced the opinion that desquamation in this sense afforded a rational explanation for the occurrence of certain free granules observed in the blood, and variously described by different authors.

The interest in these apparently mysterious and puzzling bodies has been recently revived by Bizzozero, who very positively announced the discovery of a new corpuscular element of mammalian blood. These bodies he considers as quite distinct from the invisible corpuscle of Norris, although the latter does not admit the justice of this assertion.

A whole series of cell-forms, intermediate between leucocytes and the ordinary red corpuscles, has been described by Malassez. The haemoblasts, so-called, of Hayem, the microcytes, the hyaline leucocytes, and various similar bodies observed in the blood, still remain objects of controversy among histologists.

It is the writer's opinion that, whatever part they may play in the functional alterations of the blood under pathological conditions, their origin in health is, to some extent at least, due to the desquamation of the endothelium lining the intima of the bloodvessels.

Certainly Dr. Shakespeare has never intimated any such possibility, and although I have no hesitation in admitting the rather theoretical nature of my reasoning, still, such as it is, it is original with me, and Dr. Shakespeare's claim of priority lacks the substantiation of facts.

I remain, respectfully yours,

EDMUND C. WENDT, M.D.

May 29, 1882.
136 W. 34TH ST., NEW YORK.

NEWS ITEMS.

SARATOGA, N. Y.

(From our Special Correspondent.)

THE SARATOGA COUNTY MEDICAL SOCIETY AND THE NEW YORK CODE.—At the annual session of the Saratoga County Medical Society held at Saratoga Springs, June 6th, the following preamble and resolutions were unanimously adopted:

Whereas, At the last annual meeting of the Medical Society of the State of New York a Code of Medical Ethics was adopted permitting consultations with all forms of legalized practitioners of medicine; therefore,

Resolved, That the Saratoga County Medical Society hereby expresses its unqualified disapproval of the course thus taken, regarding it as opposed to professional and public interests, and as dishonoring a noble profession in the withdrawal of all distinctions between medicine proper and quackery.

Resolved, That we hereby assert our preference for, and adherence to, the old Code of Ethics, and instruct our delegates to support the same at the coming meeting of the State Medical Society.

LOCKPORT, N. Y.

(From our Special Correspondent.)

THE NIAGARA COUNTY MEDICAL SOCIETY AND THE NEW YORK CODE.—At the Annual Meeting of the Niagara County (N. Y.) Medical Society, held June 10, a resolution was offered and unanimously adopted expressing disapproval of the new Code, and instructing the Society's delegates to the next meeting of the State Society to use their influence in favor of its repudiation.

REVOLUTIONS never go backwards . . . and the old-fashioned, honest, straightforward physician, who looks upon medicine as a profession and not as a trade, will have his public life made so miserable that he will draw himself into his own private shell and give up the conflict.—*Philadelphia Medical Times*, Feb. 25, 1882.

BUFFALO, N. Y.

(From our Special Correspondent.)

THE ERIE COUNTY MEDICAL SOCIETY AND THE NEW YORK CODE.—At the semi-annual meeting of the Erie County Medical Society held at Buffalo, on June 13th, a resolution approving the new Code of Ethics of the New York State Medical Society was laid on the table by an unanimous vote.

THE Medical Society of the State of New York, if we read the signs of the times aright, means to stick to its position, and there should therefore be no attempt at compromise.—*New York Medical Journal*, June, 1882.

SAVONA, N. Y.

(From our Special Correspondent.)

THE STEUBEN COUNTY MEDICAL SOCIETY AND THE NEW YORK CODE.—At the stated Annual Meeting of the Steuben County (N. Y.) Medical Society, held June 13, a resolution strongly condemning the new Code was offered, and its adoption was lost by a majority of one vote. A resolution was then offered and adopted that all Codes should be abolished.

BROOKLYN.

(From our Special Correspondent.)

ANOTHER ATTEMPT ON A PHYSICIAN'S LIFE.—On June 8th an attempt was made to assassinate Dr. P. L. Schenck, formerly Superintendent of the County Hospital at Flatbush. Dr. Schenck now resides at St. Mark's Avenue, Brooklyn. A man, who had formerly been treated as a pauper patient at the hospital, decoyed Dr. Schenck from his home by a letter, and then waylaid and fired three shots at him, two of which took effect, one in the thigh and the other in the chest; the latter inflicted a very slight wound, the shot having traversed his visiting-list, carried in his breast-pocket; that book probably preserved the doctor from instant death. The miscreant says his name is Thomas, that he was born in Ireland, that he has no home, and he glories in his murderous attack; in a word, he is a Guitteau-like tramp. He has put in jeopardy the life of a worthy and estimable gentleman. The recovery, however, of Dr. Schenck may be expected.

THE NUMBER OF PHYSICIANS IN BROOKLYN who have the qualifications requisite for registration in the annual *Medical Register* were 490, or 22 more than last year. The census was made shortly after the May moving-day, by the committee appointed for that purpose by the Kings County Medical Society, in aid of the New York Medico-Historical Society, which publishes the yearly "green-book," and which has not in any wise let down the bars in consequence of the passage of the New Code of the State Society.

VIENNA.

(From our Special Correspondent.)

SCLEROSIS UPON THE UPPER LIP.—Clinic of Prof. Zeissl. This patient, according to his own statement, had been sick for four months. His genitals are in a perfectly healthy condition; however, we find in the middle of the red of the upper lip a defect about the size of a bean, firm, giving, upon feeling, the sensation of cartilage. We are able to assert with confidence that this defect is the initial lesion of syphilis, as in both submaxillary regions hard swellings of the lymphatic glands, the size of a hen's egg, are seen and felt. Besides this, the patient has, upon the skin of the trunk, numerous, dark-colored, erythematous efflorescences, separated from each other by equal distances, which we designate as roseola syphilitica or erythema maculosum syphilitica.

The locality of the primary defect, in our case, in comparison with its usual appearance upon the genitals, is a very rare one.

The therapy in this case will consist in the very recently famous employment of the bichromate of potassium internally, in pill form.

R Kali bichromat,

Kali nitric, $\frac{1}{2}$ 1.00.

Extr. et pulv. Liquir. qu. s. ut. f. pill ducenta.

S. three pills, daily.

AN EARLY SYMPTOM OF DIABETES.—Prof. Bamberger mentions, as one of the earliest symptoms of diabetes mellitus, a peculiar odor of the urine, resembling chloroform. This odor is due to acetone, one of the most recently discovered constituents of urine rich in grape-sugar.

The medicines Prof. Bamberger at present employs in treating this disease are bromide of arsenic and the alkaline carbonates, as combined in Karlsbad water.

RESEARCHES UPON SOME OF THE RELATIONS OF HEAT IN ANIMALS WITH FEVER.—Prof. Albert read an interesting paper upon this subject at the last meeting of the Royal and Imperial Society of Physicians. After stating the doctrines of Claude Bernard, in respect to animal heat, he alluded to his own researches in Stricker's laboratory in 1872, as well as to the results of Dr. Robert Meade Smith's work in Ludwig's laboratory, more recently. It has been established by these various investigations, that the venous blood flowing out of a muscle is sometimes just as warm, sometimes warmer, sometimes colder, than the inflowing arterial blood.

Prof. Albert's recent research was directed to the relation existing in animals with fever. The experiments were performed upon large dogs, and the measurements of temperature made by thermo-electric needles. The fever was produced by injuring the spinal cord, and upon the following day injecting starch milk. The fever accordingly was a rapidly high one. Under these circumstances, it was found that the venous blood of a muscle, not functionally active as in the normal animal, was, at times, exactly so warm, sometimes colder, and again warmer than the arterial blood. The differences were constantly less according as the wounds were smaller. The temperature of the venous blood coming out of the abdominal glands was then measured, and great differences in temperature became evident. The temperature of the blood in the ascending cava was 5° C. above that of the rectum; at one time it reached 46° C.

The venous blood of the kidney or liver, during the course of the fever, was constantly higher in temperature than the arterial blood, although the differences were not so striking. Without doubt the large abdominal glands have the greatest share in the production of heat in animals with fever.

Future investigation will be directed to determine the special relations to heat production of individual organs.

THE PUBLIC HEALTH.—For the week ending June 3, there were 16 deaths from *small-pox* in New Orleans; 1 in Hudson Co., N. J.; and 2 new cases reported in Brooklyn. There were 6 deaths from *cerebro-spinal meningitis* in Buffalo; 2 in St. Louis; and 1 each in Richmond, New Orleans, and Shreveport, La. From *diphtheria* there were 9 deaths in Brooklyn; 1 each in Hudson Co., N. J., the District of Columbia, and Davenport; 5 in Buffalo; 8 in St. Louis; and 2 in New Orleans. From *scarlet fever*, 22 deaths in Brooklyn; 8 in Hudson Co., N. J.; 6 in Buffalo; 1 each in the District of Columbia, Richmond, Va., and Vicksburg; and 13 in St. Louis. From *typhoid fever*, 2 each in Brooklyn, the District of Columbia, and New Orleans; and 3 in Buffalo. *Measles* caused 7 deaths in Brooklyn; 3 in Buffalo; and 4 in St. Louis.

Consumption caused 28 deaths in Brooklyn; 11 in Hudson Co., N. J.; 7 in Buffalo; 17 in the District of Columbia; 13 each in St. Louis and New Orleans; and 4 in Richmond, Va. From *pneumonia* there were 37 deaths in Brooklyn; 12 in Hudson Co., N. J.; 2 each in Buffalo, Davenport, and New Orleans; 8 in the District of Columbia; 5 in St. Louis; and 3 in Richmond.

For the week ending June 10, the following returns of prominent causes of death have been reported.

Small-pox.—There has been a slight increase in the deaths reported from this cause in Cincinnati and New Orleans. With the exception of these two places, the statements received this week are all favorable, and show no epidemic prevalence of the disease. There is no report from Chicago. There were 4 deaths in New York City from this cause; 2 in Philadelphia; 52 in Cincinnati; 1 in Louisville, and 10 new cases; and 1 in Detroit, and 4 new cases.

Cerebro-spinal Meningitis.—There were 5 deaths from this disease in New York City; and 1 each in Philadelphia and Cincinnati.

Croup and Diphtheria.—New York City reports 13 deaths from croup; Philadelphia 2; and Boston, Cincinnati, and Detroit, each 1 death. From diphtheria there were 28 deaths in New York City; 13 in Philadelphia; 6 in Boston; 3 in Cincinnati; and 2 in Detroit.

Scarlet Fever.—There were 50 deaths from scarlet fever in New York City; 6 in Philadelphia; 1 in Boston, and 22 new cases; 17 in Cincinnati; and 1 in Detroit, and 17 new cases. This disease, it will be observed, is quite prevalent in Cincinnati, the deaths per 1000 of the population being nearly double the death-rate from the same cause in New York City, where there is also a prevalence of the disease.

Typhoid Fever.—This disease is reported to have caused only 1 death in New York City; 15 in Philadelphia; 3 each in Boston and Cincinnati; 2 in Providence; and 1 each in Louisville, Indianapolis, Nashville, and Memphis. Philadelphia is still burdened with a high death-rate from this cause, the continued prevalence of this disease seeming to indicate the presence of some unusual conditions of causation which apparently have not been discovered, or at least have not been overcome. The present agitation of the subject of an improvement in the water-supply and the sewerage-works is certainly well-timed.

Measles and Whooping-cough.—Measles caused 16 deaths in New York City; 4 each in Philadelphia and Cincinnati; and 1 in Detroit. From whooping-cough there were 14 deaths in New York City; and 1 each in Boston, Providence, Wilmington (Del.), Cincinnati, Nashville, and Augusta, Ga.

Consumption and Pneumonia.—There were 80 deaths from consumption in New York City; 45 in Philadel-

phia; 26 in Boston; 13 in Cincinnati; 4 each in Providence, Louisville, and Indianapolis; 3 in Nashville; and 2 in Detroit. From pneumonia there were 60 deaths in New York City; 27 in Philadelphia; 12 in Boston; 5 in Providence; 4 in Cincinnati; 3 in Indianapolis; 8 in Detroit; and 2 in Nashville. The decrease in the number of deaths from both causes is very generally noted; in some cases it is very marked.

HEALTH IN MICHIGAN.—Reports to the State Board of Health for the week ending June 3, 1882, indicate that inflammation of the bowels, scarlet fever, and erysipelas have increased, and that intermittent fever and pneumonia have decreased, in area of prevalence.

Small-pox was reported present during the week ending June 3, and since then, at 8 places, as follows: at Kalamazoo, June 1; at Detroit (2 new cases), at Wayne (in Wayne County Pest House), at Port Huron (one case), at Cadillac (2 cases, convalescent), and at Flint (one case), June 3; at Grand Rapids (one death, June 6, six cases, June 7). Three cases of varioloid were reported at Pontiac June 7, two being children successfully vaccinated last year and recently exposed to chicken-pox. May 27, a case of small-pox, from Quebec, was found at Port Huron on an immigrant train passing over the Grand Trunk Railway; May 29, a well-marked case was found there on a train from New York. June 2, the Sanitary Inspector at Port Huron reported measles on immigrant train passing through the State over the Chicago and Grand Trunk Railway. June 1, one case of measles was found by the Sanitary Inspector at Detroit among immigrants arriving on Canada Southern Railway and leaving Detroit on the Michigan Central road.

THE CARTWRIGHT PRIZE of \$500 of the Alumni Association of the College of Physicians and Surgeons, New York City, will be awarded in May, 1883, to the best medical essay, the subject to be selected by the writer. This prize is open to universal competition, and the conditions of its award are, that the essays presented must contain the results of original investigations made by the writer, and be handed in to a member of the Prize Committee on or before April 1, 1883. The Committee consists of Drs. Weir, Seguin, and Partridge.

THE H. W. BROCK PRIZE.—An annual prize of \$20 has been instituted by Dr. James E. Reeves, to be known as "The H. W. Brock Prize," to be open for competition to members of the Medical Society of the State of West Virginia for the best original paper or essay on some subject pertaining to medicine or surgery. A committee was appointed at the late meeting for the purpose of carrying out the design of the donor.

The committee announces that the competition shall be governed by the following regulations:

1. All papers must be addressed to the chairman, Dr. A. F. Stifel, Wheeling, W. Va., and must be mailed in time to be received by him not later than April 1, 1883.

2. Each paper shall bear some distinguishing motto or device, but nothing which shall give any clue to the author's name or identity.

3. With each paper, the author shall send an envelope, within which he shall have placed a slip of paper or card containing his name and address; the envelope to be securely sealed, and to have inscribed upon the back of it the motto or device of the accompanying paper.

4. The committee, after deciding upon the paper to which the prize shall be awarded, will then open the envelope bearing the motto or device corresponding to the one borne by it, and the author's name will be ap-

pended to the paper, which shall then become the property of the Society.

5. All other papers, with their corresponding envelopes unopened, will then be filed away subject to the orders of their respective authors, and will be delivered to them either on personal application to the chairman of the committee, or by mail, provided that in the latter case the request is accompanied with stamps sufficient for the necessary postage.

6. The name of the successful competitor for the prize will not be announced before the first day of the annual meeting of the State Society for the year 1883.

INTERNATIONAL MEDICAL CONGRESS.—The Executive Committee held their final meeting on the 15th instant, Sir J. Risdon Bennett, F.R.S., in the chair. The Treasurer presented the balance-sheet of receipts and expenditures, signed by the auditors, Dr. Pittman and Prof. J. Marshall, F.R.S., from which it appeared that about £9030 had been received, and £8730 had been expended, leaving a balance in hand of £300, which the committee directed to be handed over to Dr. S. Wilks, F.R.S., Treasurer to the Association for the Advancement of Medicine by Research. The Treasurer stated that 3180 entrance fees had been paid, amounting to nearly £3300, besides subscriptions from 1105 persons, amounting to more than £5700; and that £1200, which had been promised as a guarantee fund in case of need by 126 subscribers, had not required to be called upon. It may be added that the volume of abstracts prepared for use at the sitting of the Congress, and the four volumes of *Transactions* published after an interval of less than five months, a copy of which has been presented to every member, cost about one half of the whole amount received. The meeting terminated by the passing of a cordial vote of thanks to the Honorary Treasurer, Mr. W. Bowman, F.R.S., and the Honorary Secretary-General, Sir W. MacCormac.—*Brit. Med. Journ.*, May 20, 1882.

THE WOUNDS OF LORD FREDERICK CAVENDISH AND MR. BURKE.—*The Lancet* gives the following particulars of the wounds received by the unfortunate victims of the dastardly murders in Phoenix Park, Dublin, on May 7th. From the position of the wounds it is clear that the victims of this horrible crime were assailed both from behind and in front. Lord F. Cavendish was struck three times from behind, once in the neck, once on the shoulder, and once in the back. The wound in the axilla was inflicted from the front, probably when the arm was raised in self-defence; and that in the left forearm was probably received in warding off a stab aimed at the front of the chest. The fatal wound was undoubtedly that inflicted from behind, and which divided the axillary vessels; and death must have been very speedy. Both the wounds in Mr. Burke's neck were probably inflicted from behind, as that on the left side was not a stab but a cut, and its direction was at first obliquely downward and inward, and then horizontal, as if the knife had been drawn across the neck from left to right from behind. The second smaller wound was probably made at the same time. The three wounds over the front of the chest were made from the front, as were also those on the left hand. That on the back of the neck, and the one below the left shoulder, were stabs from behind. The wound which pierced the heart from behind was the immediate cause of death, but in its absence the other two wounds of the lung would have caused very speedy death. The clothing of Lord Frederick Cavendish was cut in several places, and soaked in blood. One wound passed quite through the neck; behind it was an inch and a half long, and was situated close to the sixth

cervical spine, which was broken off; it opened in front about an inch above the clavicle, where the skin was cut transversely for about three-quarters of an inch. A second wound was found above the spine of the right scapula, which traversed the supra-spinatus muscle, the bone and subscapularis muscle, the axillary artery and vein, and passing over the ribs was found to be continuous with a small skin-wound over the second right costal cartilage. The posterior end of this wound was angular, and measured two inches and a half across; the anterior was much smaller, only about an inch in length, and transverse in direction. A third wound was over the outer edge of the lower angle of the right scapula, and damaged the bone. There was also a wound about two inches long in the right axilla, passing upwards and inwards towards the head of the humerus; the axillary vessels, the shoulder-joint, and the thoracic cavity were uninjured by this wound, which was behind the vessels and evidently made by a knife held with its flat surfaces nearly horizontal. There was also a transverse cut over the centre of the left forearm, cutting through the muscles on the ulnar side; the ulna was found fractured at the bottom of the wound; the shaft of the bone was partly divided by the knife and partly fractured by the violence of the blow. Mr. Burke's clothing was considerably cut about, and blood had flowed freely from the mouth as well as from the wounds. He had received more wounds than Lord F. Cavendish—nine in all. They consisted of an incised wound on the left side of the neck about three inches long, reaching from just below the left ear downwards and forwards to an inch beyond the middle line. The lower part of the thyroid cartilage and the crico-thyroid membrane were divided, and the lingual and superior thyroid vessels were severed, but the carotid and jugular vessels were not injured. Half an inch above this on the right side of the neck there was a superficial wound about an inch long, in which no structure of importance was injured. There were three wounds over the front of the chest. One, measuring one inch and a quarter transversely, was situated over the second left costal cartilage; the cartilage, which was ossified, was divided quite across, the internal mammary vessels were severed, and the lung was incised for a considerable depth. The large vessels were not injured by it. This wound was the source of the haemorrhage from the mouth. Another wound, transverse in direction, about three-quarters of an inch long, half an inch above and to the left of the left nipple, also penetrated the lung for a short distance; it did not injure the pericardium. The third was a small wound over the centre of the sternum, reaching down to, but not penetrating the bone. On the back of the body two wounds had been inflicted. One, the most severe, was about two inches long, oblique in direction, just over the lower angle of the left scapula. It had penetrated the bone, the chest wall, and, passing through the pericardium, opened the left ventricle of the heart; the pericardium was found full of blood. The second was on the right side of the neck behind, vertical in direction, over an inch in length; it divided the muscles quite down to the spine, but did not penetrate any important vessel or injure the spine. There were, further, two longitudinal scratches on the left index finger and a small wound near the tip of the left middle finger. All the wounds were clean cut, except the large one over the scapula of Mr. Burke, which was rather jagged. They were also nearly of the same size, as if they had all been made with similar weapons. These were evidently daggers about ten inches long. In each case the cause of death was haemorrhage, and amid all the sadness which gathers round this tragic event we may cherish the consolation that death was so speedy as to be robbed of its pains and terrors.

THE BACILLI OF TUBERCLE.—At the Physiological Laboratory at King's College on Monday, May 8, Mr. Watson Cheyne and Mr. E. M. Nelson exhibited some specimens showing the bacilli found in tubercle, prepared by Dr. Koch, and brought over to England by Dr. Goltdammer. On one slide was a miliary tubercle from the human lung, crushed and spread out on a coverglass, and stained with methylene blue and vesuvian; in this, the bacilli appeared as delicate blue rods among the brown-stained nuclei and granular material. The second specimen was a section of a tuberculous mesenteric gland, from a guinea-pig which had been inoculated with tubercle; the bacilli lay in large numbers among the nuclei towards the outside of a tubercle. The third was a section of a tuberculous mesenteric gland from a cow affected with bovine tuberculois (*Perlsucht*). This specimen demonstrated the presence of bacilli in the interior of giant-cells. The discovery of the bacilli in this case was much more difficult than in the others: but on carefully focussing, several minute delicate blue rods could be found. Mr. Cheyne showed other forms of bacilli, for comparison with the tubercular varieties. Large numbers of the bacilli, which have been described as occurring in leprosy, were shown in a section of a leprous nodule. These differ from the tubercle bacilli in being more pointed at the end, and in being stained by methyl violet (Weigert's nuclear method of staining). There was also specimen of the bacilli which produce septicaemia in house-mice, and of a long delicate form which apparently caused erysipelas in the ear of rabbits (see Koch's *Traumatic Infective Diseases*). In contrast to these was a splendid specimen of the bacilli of anthrax in the lymph-sinus of a lymphatic gland. It is satisfactory to have seen and confirmed the presence of these organisms in tubercle; while, by the exhibition of other forms of pathogenic bacilli, each having their special characteristics, one is led to see that the presence of these organisms, in the morbid processes can hardly be a matter of accident. The lenses employed were Zeiss's $\frac{1}{2}$ oil, with Abbe's condenser, and Powell and Lealand's $\frac{1}{2}$ oil, and $\frac{1}{10}$ water immersions, with achromatic condensers. The demonstration was largely attended, most of the best known British authorities on the germ-theory and on antiseptic surgery being present.—*Brit. Med. Journal*, May 13, 1882.

NEW YORK OPINIONS OF THE NEW YORK CODE.—Drs. Alonzo Clark, F. H. Hamilton, and N. Bozemann, have been interviewed by the *New York Tribune* in reference to the New York Code. They approve the action of the American Medical Association in excluding the delegates from the New York State Medical Society, and express the belief that at the next meeting of the State Society there will be a full representation of the profession of the State, and that the new Code will be repudiated by the Society.

A SINGULAR LEGACY.—A patient, who had benefited by M. Ollier's subperiosteal method, bequeathed to him his elbow-joint as a token of gratitude. The legacy proved a valuable one for pathological science, since the physiological process of renewal of the tissues could be followed almost step by step.—*Brit. Med. Journal*, May 13, 1882.

OBITUARY.—A telegram from London announces the death, on June 6, of James Spence, F.R.S., Professor of Surgery in the University of Edinburgh, and late President of the Edinburgh Royal College of Surgeons. Professor Spence was born in 1812. He was appointed Professor of Surgery in the University of Edinburgh in 1864. He published, in 1871, *Lectures on Surgery*.

NOTES AND QUERIES.

JOSEPH LEIDY CHAIR OF ANATOMY IN THE UNIVERSITY OF PENNSYLVANIA.

To the Editor of THE MEDICAL NEWS.

PHILADELPHIA, May, 1882.

THE following circular has been issued in relation to the endowment of the Chair of Anatomy in the University of Pennsylvania:

"There is a wide-spread feeling that the pre-eminent services rendered to science by Prof. Joseph Leidy are such as to call for a suitable and substantial acknowledgment.

"He has held the Chair of Anatomy in the University of Pennsylvania for thirty years; and, in addition, the Professorship of Natural History in Swarthmore College for twelve years.

"As an anatomist, the foremost place is conceded to him; and as a scientist, his fame is world-wide. His contributions to natural history have ranked him with such naturalists as Cuvier, Agassiz, Owen, and Huxley.

"About to enter his sixtieth year, it is felt that the time has come to provide a testimonial which, while expressing the admiration of those who unite in it for his disinterested and self-sacrificing devotion to science, will relieve him from some elementary teaching, and enable him to devote himself hereafter to those fields of profound investigation in which he is unrivaled. This is the more necessary because the system of education conducted in the medical department of the University of Pennsylvania has been so greatly changed as to demand from both teacher and student far greater efforts than formerly. It is intended to still further enlarge and elevate the course, so that it shall compare favorably with the highest instruction in European schools. Such changes involve increased expenditures, and a temporary reduction in the receipts from tuition fees. Consequently it becomes doubly important to secure endowments for those chairs, which, like that of anatomy, demand the entire time of their occupants. It is proposed, therefore, that the sum of \$100,000 shall be raised, the interest of which shall be annually paid to Prof. Joseph Leidy during his lifetime; and that, after his death, the said income shall be applied in perpetuity to the maintenance of the Joseph Leidy Chair of Anatomy in the University of Pennsylvania. The names of the contributors will be perpetuated in a suitable manner.

"Subscriptions to this fund will not be binding until the amount of \$25,000 is secured; although it is hoped they will be paid promptly, as they will then be invested immediately and become effective. Subscriptions may be made payable during the present year, or in two annual instalments.

"Rt. Rev. Wm. Bacon Stevens; S. D. Gross, M.D.; A. J. Drexel; Alfred Stillé, M.D.; Henry C. Gibson; H. C. Wood, M.D.; S. Weir Mitchell, M.D.; Spencer F. Baird (Smithsonian Institute); John Welsh; George W. Childs; D. Hayes Agnew, M.D.; Rev. John S. Macintosh; Fairman Rogers.

"All subscriptions should be sent directly to William Pepper, M.D., 1811 Spruce Street."

NOTICE TO GRADUATES OF BELLEVUE HOSPITAL MEDICAL COLLEGE.

A second decennial revision of the Catalogue of Alumni of this College is being prepared for publication, and we are requested to ask that all graduates send their present address at once, on a postal-card, to the Historian of the Alumni Association, Bellevue Hospital Medical College, New York.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JUNE 6 TO JUNE 12, 1882.

REED, W., *Captain and Assistant Surgeon*.—To accompany the troops from Fort McHenry, Maryland, and Washington Barracks, D. C., to summer camp at Gaithersburg, Md., and remain on duty with them during the encampment.—*S. O. 104, Department of the East*, June 9, 1882.

GRAY, WM. W., *First Lieutenant and Assistant Surgeon*.—Fort Townsend, Wyoming Territory. Granted leave of absence for one month, to take effect the 3d proximo.—*S. O. 67, Department of the Columbia*, May 24, 1882.

THE MEDICAL NEWS will be pleased to receive early intelligence of local events of general medical interest, or which it is desirable to bring to the notice of the profession.

Local papers containing reports or news items should be marked.

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS should be addressed to No. 1004 Walnut Street, Philadelphia.